University of Alberta

RELATIONSHIP BETWEEN ABUSIVE CHILDHOOD EXPERIENCES AND FUTURE CHILD ABUSE POTENTIAL

By

Alice Lucas

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Science

Department of Human Ecology

Edmonton, Alberta

Spring 1999

National Library of Canada
Acquisitions and Bibliographic Services
395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale du Canada
Acquisitions et services bibliographiques
395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-40082-4

Canada

University of Alberta

Library Release Form

Name of Author: Alice Lucas

Title of Thesis: Relationship Between Abusive Childhood Experiences And Future Child Abuse Potential

Degree: Master of Science

Year this Degree Granted: 1999

Permission is hereby granted to the University of Alberta Library to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly, or scientific research purposes only.

The author reserves all other publication and other rights in association with the copyright in the thesis, and except as hereinbefore provided, neither the thesis nor any substantial portion thereof may be printed or otherwise reproduced in any material form whatever without the author's prior written permission.

A. Lucas

Alice Lucas

21570 Twp Rd. 554
Fort Saskatchewan, AB
T8L 2N9

Date: Feb 3/ 99

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Abusive Childhood Experiences and Attitudes and Beliefs About Parenting submitted by Alice S. Lucas in partial fulfillment of the requirements for the degree of Master of Science

Janet Fast

Dr. Janet Fast (Co-supervisor)

M. Ruth Elliott

Dr. M. Ruth Elliott (Co- supervisor)

Brenda C. Munro

Dr. Brenda Munro

Date: Feb. 3, 1999

ABSTRACT

Past research suggested that child abuse survivors would inevitably go on to perpetuate the cycle of abuse. However, current research suggests instead that approximately 30% of survivors will continue the cycle. This is much lower than originally reported. This indicates that some survivors are overcoming their abuse and leading healthy lives. Researchers suggest that those who overcome have resources or compensatory factors available to them. However, samples in past research are largely made up of women. Therefore, the purpose of this research was to determine what factors play a role in determining who perpetuates the cycle of abuse in a sample of men and women. Factors such as severity of abuse, gender and ameliorating factors (supports from significant others) did not have an impact on potential to abuse. Present psychological functioning was the most significant determining factor in one's potential to abuse their children.

Acknowledgements

I would like to take this opportunity to thank several people for their contributions in helping me realize my goal. First and foremost I would like to thank my committee members: Dr. M. Ruth Elliott for her emotional and academic support, her guidance and encouragement, and her enthusiasm; Dr. Janet Fast for her support, guidance, and above all her patience; Dr. Brenda Munro for her enthusiasm and emotional support ; and I would also like to thank Dr. Berna Skrypnek who helped create the foundation of my work , who shared my vision and found the funding which allowed me to do this work.

I would also like to give special thanks to my friends from the department (you know who you are) who truly understood what I was going through and helped to normalize the not so normal. To Maiin –Danae, I thank you for you, and to my many other friends and family who put up with long absences and unreturned phone calls I thank you for your patience.

TABLE OF CONTENTS

Introduction	1
Literature review	6
Development of the Intergenerational Transmission Hypothesis of Abuse	8
Differences in Intergenerational Transmission Rates	11
Risk and Compensatory Factors	15
Gender Differences in Parenting	20
The Human Ecology Theory Guiding Conceptual Framework	24
Conceptual Model	31
Problem and Hypotheses	34
Methods	36
Research Design	36
Data Collection	36
Sample	36
Instruments	36
Procedures	47
Ethical Considerations	50
Operational Definitions	51
Data Analysis	52
Results	54
Sample Description	55
Tests of Hypotheses	58
Discussion and Implications	72

References 79

Appendices
A. Advertisement 86
B. Posters 87
C. Letter for approval 89
D. EASE-PI 90
E. Parental Bonding Instrument see rear pocket
F. Social Support Questionnaire 102
G. SCL-90 104
H. Child Abuse Potential Inventory 106
I. Demographics 110
J. Information sheet and Resource List 112
K. Consent Forms 114

LIST OF TABLES

Table 1	56
Table 2	59
Table 3	60
Table 4	63
Table 5	64
Table 6	66
Table 7	67
Table 8	68
Table 9	70
Table 10	71

LIST OF FIGURES

Figure 1. Belsky's Model 25

Figure 2. Conceptual Model 31

Figure 3. Reduced Model Describing Relationships Between Constructs 73

INTRODUCTION

Childhood is assumed to be a time of carefree joy, play, fun, exploration and innocence. We like to think that children are living in safe, secure, comfortable home environments. But the reality for millions of children in North America is that they are humiliated, beaten, starved and terrorized in their own homes. Children are most likely to be injured, murdered, or sexually abused by someone they know (most often their parents or others who have been entrusted with their care), in their own home (Bagley & King, 1990; Silverman & Kennedy, 1993).

Although the incidence of child abuse is debated, child maltreatment by parents is a significant social problem and public health concern. Unfortunately, there are no national statistics as to the rate of child physical abuse in Canada. However, based on U.S. surveys and Canadian child welfare reports, an estimate of 5% of children are physically assaulted by their parents is reasonable[1]. Based on Canadian surveys, we can

---

[1] We are not aware of any general survey that has attempted to systematically assess the incidence of physical child abuse. Thus, we are left with the task of estimating the incidence of physical child abuse in Canada from U.S. survey data and from Canadian child welfare statistics. The fact that each province and territory creates its own definitions of maltreatment and the age at which an individual is considered a child adds to the difficulty in estimating the incidence of different forms of abuse in Canada. Perhaps the most comprehensive study on Canadian incidence rates was based on Ontario child welfare statistics (Trocme, McPhee, Tam, Hay, 1994). Based on child welfare investigations for one year, these researchers found that .5% of children in Ontario are physically abused. Unfortunately, this rate is likely to be a gross underestimate of the real occurrence of physical abuse. For example, according to general Canadian surveys on incidence rates of child sexual abuse, between 3 and 5% of Canadian children are sexually abused by a parent (this percentage is taken from an average of two Canadian surveys which resulted in a mean of 20% of the female population experiencing childhood sexual abuse and 18.3% of all child sexual abuse survivors experiencing incest- Bagley & King, 1990). Yet the Onfario study found that

estimate that 3 to 5% of Canadian children are sexually abused by a parent (Bagley & King, 1990).

Although historical documents record examples of child abuse throughout the ages, it was not until Kempe and his associates' seminal work on the "battered child syndrome" in the 1960's that child physical abuse became recognized as a serious social problem (Kempe, Silverman, Steele, Droegmueller, & Silver, 1962). Before this many cases of abusive behavior were seen as socially acceptable parental behavior. At the time of Kempe's work it was assumed that only psychiatrically disturbed individuals would abuse children. Early research during the 1960's and early 1970's stressed the investigation of psychological traits of parents who abuse their children. However, in a review of this early research, Spinetta and Rigler (1972) found very little support for the notion that all abusing parents had severe psychotic tendencies. Nevertheless, they did identify one recurring factor in the etiology of child physical abuse-- the majority of abusing parents had experienced abuse or neglect as children. In fact, early research reported that 70 to 100% of child abusing parents had been maltreated as children (see Kaufman & Zigler, 1989 for a review; Steele & Pollock, 1968; Straus, Gelles, & Steinmetz, 1986). This finding led to the development of the intergenerational

---

only .1% of Ontario children had been sexually abused by a parent. Thus it appears that child welfare statistics underestimate the incidence of child sexual abuse by 30-50 times. We suspect that the child welfare rates of under-reporting of child sexual abuse are greater than for physical child abuse because sexual abuse is considered more taboo. Even employing the conservative estimate that only 1 in 10 incidents of physical abuse are reported to officials results in an estimate that 5% of Canadian children are physically abused by their parents. This corresponds to U.S. surveys and estimates (Zigler, Rubin, & Kaufman, 1988).

transmission of child abuse hypothesis.

The intergenerational transmission of child abuse hypothesis states that violence breeds violence and a child who is abused by his/her parents will go on to abuse his/her own children. In essence, this means that patterns of violence are reinforced and transferred from parent to child. Critics of this hypothesis maintain that the rate of 70 to 100% is an overestimation of the real occurrence of intergenerational transmission of abuse. The data gathered from these samples were based on clinical samples largely made up of women. Clinical samples are unrepresentative of the larger population thus limiting the generalizability of findings to the larger public. As well, many of these studies used a small sample size (because they were receiving services), had no comparison group (Kaufman & Zigler, 1989), and were retrospective in nature.

After a careful review of the literature on the intergenerational transmission of child physical abuse, which considered methodological limitations of each research study, Kaufman and Zigler (1989) estimated that the actual rate of the transmission of violence from one generation to be about 30%. Although this is six times the base rate for the general population, we can conclude that approximately 70% of child abuse survivors discontinue the cycle of abuse. Not surprisingly, researchers sought to identify differences between those who were abused as children and go on to repeat the cycle of abuse and those who break the cycle. Several protective and risk factors associated with the maltreatment of children were identified in this research.

Protective/compensatory factors are those characteristics and resources found among "at-risk" mothers who did not maltreat their children (e.g., being aware of past

abuse and perceiving those experiences as abusive, having one nurturing/ supportive parent or parental figure such as a teacher or coach, close friendships during childhood, high self-esteem, a supportive spouse or partner, a supportive social/ family network as an adult, economic security). These factors have been associated with a lower likelihood of abusing one's own child (De Paul, Milner, & Mugica, 1995; Egeland et. al., 1987; Kaufman & Zigler, 1989; Litty, Kowalski, & Minor, 1996; Milner, Robertson, & Rogers, 1990).

By contrast, risk factors are those characteristics and experiences found among "at-risk" mothers who maltreated their children (e.g., having low self esteem, having a history of abuse, being single, living in poverty, being unemployed, living in social isolation, etc.) (Belsky & Vondra, 1989; Kaufman & Zigler, 1989). These factors have been associated with an increased likelihood of abusing one's children.

Virtually all of this research on compensatory and risk factors focussed solely on mothers. Research on child development in general, and child abuse in particular, has been conducted largely with mothers. Because of this, the exact nature of gender differences is unclear (Muller, 1995). Thus, we do not know if the same factors serve as compensatory and risk factors for men. Although children are more likely to be physically abused by a mother than a father, women are more likely to be single mothers and to spend large amounts of time in their caretaking roles when compared to men (Martin & Coontz, 1987). When single parent families are excluded from the statistics, 2/3 of abusing parents are males (Martin & Coontz, 1987). In addition, fathers are responsible for almost 2/3 of deaths of children between two and 13 years of age

(Silverman & Kennedy, 1993). Clearly it is important to know if the rates of intergenerational transmission are the same for men and women and whether risk and compensatory factors are the same for men and women. If there are differences between the genders, then we have to consider the impact these differences have on the success rates of educational and intervention programs. Therefore, the main purpose of this thesis was to investigate compensatory factors related to parenting potential in a sample of male and female survivors of physical child abuse.

LITERATURE REVIEW

In the last 20 to 30 years much has been written about the intergenerational transmission of abuse (see Kaufman & Zigler, 1987, and Caliso & Milner, 1992 for reviews). Although historical documents record examples of child abuse throughout the ages, it was not until Dr. Kempe and his colleagues' seminal work on the "battered child syndrome" in 1962, that child abuse became recognized as a serious social problem. Before this, denial that abuse occurred was not unusual because corporal punishment was a form of discipline or punishment, which was sanctioned and tolerated by society. In fact, family violence has been seen as a "characteristic of family life" (Frankel- Howard, 1989, p.9)

Around the time of Kempe and his associates work it was assumed that only psychiatrically disturbed individuals would abuse children. Early research during the 1960's and early 1970's stressed the investigation of psychological traits of parents who abuse their children. However, in a review of this early research, Spinetta and Rigler (1972) found very little support for the notion that all abusing parents had severe psychotic tendencies. Oliver (1993) claims that only 5 to 15% of abusing parents show symptoms of obvious mental illness. Nevertheless, Weissmann-Wind and Silvern (1994) claim that we have a great amount of information on the psychological correlates of abuse in women. These authors indicate that depression and low self esteem, elevated trauma symptoms, and more frequent physical and sexual assaults since childhood are among the correlates in women. Smith and Hanson (1980) also found in their study that 'battering' mothers were most often characterized by neuroticism, hostility, and punitiveness. They

found that these traits also characterized abusive fathers.

Hamilton, Stilles, Melowsky and Beal's (1987) research results on MMPI testing of abusive fathers indicate that they are impulsive and hostile. As well, the two highest clinical scale scores for abusive males were found on the psychopathic deviate and schizophrenia scales. Individuals with this combination in their profile tend to be angry, irritable, resentful and have a tendency to act out in vicious ways (Hamilton et al., 1987). Kaplan and Pinner (1996) have found evidence in their research to support Hamilton et al.'s claims of deviant personalities of abusive fathers. They claim that abusive fathers tend to be alcoholics and are often diagnosed with an antisocial personality disorder or unstable personalities (Kaplan & Pinner, 1996).

In addition, Green (1979) asserts that abusive men lack motivation to seek help for their behaviors due to their peripheral involvement in raising their children. Green's (1979) work may be dated, however his conclusions were very astute and are still applicable today. He also maintains that societal attitudes which continue to minimize the role of fathers in raising children reinforce this line of thinking. While not all child abusers have psychological disturbances in their make- up (Spinetta & Rigler, 1972), those individuals who do have such disturbances may be more likely than those without such difficulties to maltreat their children. As Belsky and Vondra (1989) conclude, an individual's personality can either enhance or subvert his or her parenting.

Further, Spinetta and Rigler (1972) concluded that one factor which was consistent in the etiology of child abuse was that a large majority of abusing parents had experienced abuse or neglect as children. Although other characteristics such as

experiencing significant economic and social stressors, having little or no social/community supports, being a young and single parent, and large family size were also identified as being precursors to child abuse they were not proven to be sufficient or necessary causes. Nevertheless, a parent with a history of abuse was the common denominator in much research at the time. In fact, early research reported that 70 to 100% of child abusing parents had been maltreated as children (see Kaufman & Zigler, 1989 for a review; Steele & Pollock, 1968; Straus, Gelles, & Steinmetz, 1986). This finding led to the development of the intergenerational transmission of child abuse hypothesis.

Development of the Intergenerational Transmission Hypothesis of Abuse

The intergenerational hypothesis of abuse was developed by researchers and other professionals who observed a link between being abused as a child and becoming an abusive parent. The intergenerational transmission of abuse hypothesis has been based on many theories over time but there are three predominant theories which have been used to explain the etiology of child abuse. One of these theories is attachment theory developed by Bowlby (1969), another is social learning theory developed by Bandura in the 1960's, and the third is the biological/medical model developed by medical practitioners (see Gelles, 1979).

Proponents of attachment theory claim that the relationship between a parent and his or her child sets the stage for future relationships with significant others (e.g., spouses, children, and friends). It is presupposed that if a mother does not make an initial and very critical emotional connection with her child (the feeling of being bonded to a

child of one's own) then the parent has no stake in the child's wellbeing. Burgess and Youngblade (1988) suggest that an insecure attachment between a child and its mother puts the child at risk for later maltreatment. The child uses the mother-child relationship as an internalized example on which to base future intimate relationships. If a child does not form a secure attachment to a primary caregiver then the child is likely to grow up unable to care for his or her own child in a responsive manner because she is unable to bond with her own child. Responsiveness and sensitivity to a child's needs is the basis of a strong and stable attachment (Egeland, Jacobvitz, & Papatola, 1987; Kaufman & Zigler, 1989).

According to social learning theory, parents serve as role models for behaviors, beliefs and values for the child. For example, a child who witnesses or experiences abusive and violent acts will grow up believing that aggressive and violent behaviors are acceptable, or at least normal, and views aggression and violence as an appropriate and acceptable means to solving conflict (Kaplan & Pinner, 1996). These patterns of violence are reinforced and transferred from parent to child. Reinforcement contingencies are also important factors in social learning. When the parent is rewarded for violent behavior, this becomes a child's motivating factor for engaging in a successful form of control. An abused child is most likely to accept such values and beliefs when the parent's use of violence is "accompanied by rationalizing verbalizations and if the abuse occurs during discipline following an actual wrong-doing" (Kaufman & Zigler, 1989 p. 136).

The medical/ biological model is based upon the idea that there is an organic or biological reason or basis for the abuse. The idea is that there are genetic predispositions

in people to become abusive or that there is a psychiatric condition/illness that contributes to abusive behavior in individuals who maltreat their children. Another version is that there is some sort of 'bug' or 'germ' responsible for the behavior. However, this explanation enables the abusing parent to externalize responsibility for his or her violent behavior. This focus on a 'bug' explanation also led to the conclusion that there was a single genesis for the 'pathology', which indicates a cure of some sort. Gelles (1979) stated that this was a 'biological metaphor" , which was used to explain social behavior. The belief that all parents who abuse their children also have psychiatric disturbances is an example of such a model (Gelles, 1979; see also Spinetta & Rigler's (1972) review of research which used medical/biological explanations of abuse).

The notion that abuse is passed from one generation to subsequent generations "requires a statistical association between the presence of [abuse] in a [person's] family of origin and some form of [violence] in the person's current family" (Cappel & Heiner, 1990, p. 139). Early researchers claimed that the high rate of transmission (70 to 100% of child abuse survivors continue the cycle of abuse with their children) they discovered from their studies provided almost indisputable evidence that this hypothesis was true. For example, Steele and Pollock (1968) did an intensive study (5.5 years) of 60 families where severe cases of child maltreatment by the parents were reported. During this time Steele and Pollock discovered that, without exception, all of the parents in their study group had experienced the same type of treatment to which they were subjecting their children.

However, critics of this hypothesis (Kaufman & Zigler, 1989; Oliver, 1993),

maintain that the rate of 70 to 100% is an overestimation of the real occurrence of intergenerational transmission of abuse. This rate was based on data gathered in clinical samples largely made up of women. Such samples are unrepresentative of the larger population thus limiting the generalizability of the findings. Many of these studies had small samples of parents who were receiving service, and most had no comparison group (Kaufman & Zigler, 1989).

Differences in Intergenerational Transmission Rates

In attempting to get a sense of the different intergenerational transmission rates from other researchers, Oliver's (1993) review of the literature was used. A cautionary note by other authors is warranted when comparing results from past research. De Paul, Milner, and Mugica (1995) state that from past literature on intergenerational abuse "child abuse definitions, data gathering techniques, and populations sampled are so variable it is difficult to compare study results" (p. 907).

Oliver (1993) reviewed approximately 40 articles which provided crude rates of intergenerational transmission and included several types of studies. Although his report was very comprehensive, no mention was made regarding gender differences in perpetration. The rates are inconsistently reported and are not clear thus extrapolation would be highly unreliable.

Specific examples in Oliver's work include Steele and Pollock's (1968) study. Their study was clinical in nature. The authors were using therapeutic interviews to determine parents' personality which were based on psychiatric diagnoses. They found a 100% intergenerational abuse rate. Fifty cases out of 60 (83%) had mothers as

perpetrators while 7 cases had fathers as perpetrators, 2 cases were difficult to prove which parent was abusing, and in one case both parents were abusing. However, they did not have a comparison group, all of the parents had a severe mental health issue (which as indicated is a rare occurrence in child abusers), and their definition of abuse was extremely vague. They described abused parents as experiencing an intense and constant high demand for performance during their childhood which was well beyond the normative developmental ability of the majority of children in their peer group. They were expected to be highly submissive, show immediate obedience, be sensitive to parental needs and to strive towards perfection while dealing with on- going parental criticism. In addition, they labelled parents who were abusing children as 'attacking parents' which may have further biased the results.

One study, which found intergenerational abuse rates of 51-75%, was also difficult to extrapolate results from. Egeland et al.'s study (1987) study was longitudinal. The danger of extrapolating from Egeland et al.'s study lies in the difficulty in determining whether it was prior history of abuse, low educational achievement, low income or the young ages of the mothers which was the contributing factor for the continuation of abuse. Yet Egeland and his associates focussed on the abusive childhood of these mothers as the determining factor to explain intergenerational abuse.

Gil's extensive study in the United States (1970) indicated that a small per cent of the abusive parents had a history of abuse. Fourteen percent of mothers and 7% of fathers had experienced abuse, however, out of a "population of 180 million.... the ultimate number was only 150 or so families" (Oliver, 1993, p. 1318). Although Gil had included

gender in his analysis, he commented that any extrapolations from his results were not recommended since the questionnaire he had used was not reliable, that the respondents' answers should not be taken seriously because many answers were 'unknown'. As one can see the different types of studies have unique drawbacks which are duly noted.

Burgess and Youngblade (1988) however, maintain that in their review of Knutson, Mehm, and Berger's (1984) work indicates that, for a pattern of intergenerational abuse to occur, both parents must have experienced abuse in their childhood. Regardless of who the perpetrator is, the other parent who is not physically abusing is also failing the child by being an accomplice in allowing the abuse to occur.

Another serious flaw which calls into question the validity of some of these studies is that the majority studies were based on a retrospective design. Egeland, Jacobvitz and Papatola (1987), assert that in retrospective designs " cause and effect have been erroneously concluded from significant differences between abusers and non – abusers....by tracing backward the chain of events may appear inevitable" (p. 255). In fact Egeland, 1991 also claims that the causes and effects resulting from retrospective methods are frequently unsubstantiated when using a prospective or longitudinal design. Notwithstanding, prospective designs provide more possibilities and multiple pathways in explaining abuse.

An excellent exemplar of the differences between these two methods is the study by Hunter and Kilstrom (1979). These researchers carried out a prospective study with a clinical sample. Hunter and Kilstrom's sample included 282 premature infants in a paediatric nursing unit. Forty-nine of these families reported that one or both parents had

a history of child abuse. At the one year follow up, 10 babies of the 49 were reported to be maltreated. Nine of the maltreated babies were from parents who had been maltreated as children so the cycle was repeated. Using a retrospective design, 90% of those ten babies had a parent with a history of being abused as a child. This high proportion supports the higher rates of 70 to 100% intergenerational abuse that were initially thought to be the case for an adult who had survived childhood maltreatment. However, of those original 49 families, 40 discontinued the cycle of abuse. This represents an 82% exception to the hypothesis of intergenerational abuse. This large discrepancy between a retrospective design and a prospective design causes a great deal of scepticism about the belief that an adult who has survived abuse will without question go on to abuse a child of their own. Nevertheless, 18% is still higher than the 5% base rate of child physical abuse in the general population (Zigler, Rubin, & Kaufman, 1988). Even though an adult who has experienced abuse is not necessarily going to abuse his or her own child, the propensity to abuse one's child is greater than among adults who have received positive and supportive parenting experiences while growing up. The risk in this sample was more than three times that of the general population.

After careful review of literature on the intergenerational transmission of child abuse Kaufman and Zigler (1987) and Oliver (1993) considered methodological limitations of approximately 60 research studies in total. The methodological flaws they discovered included failure to hold constant the subjects studied (e.g. identified child abusers, high risk populations, and nationally represented samples), unclear definitions of history of abuse and current abuse, and inconsistent use of data sources used to

substantiate claims of past and current abuse. They then estimated that the actual rate of the transmission of violence from one generation to the next is about 30%. This means that approximately 70% of child abuse survivors discontinue the cycle of abuse. Although parents who were abused as children appear to be at greater risk of abusing their children (30% compared to 5% of parents in the general population), sweeping generalizations regarding the relationship between history of abuse and the certainty that such an individual will be an abusive parent are unfounded.

Risk and Compensatory Factors

Not surprisingly, the next wave of research focussed on identifying factors that were associated with breaking the cycle of abuse or perpetuating the cycle of abuse. This research sought to identify differences between those who were abused as children and go on to repeat the cycle of abuse and those who break the cycle. It is critical to have an understanding of who is at risk in order to determine possible parenting difficulties. It is much more productive to provide supports and connect high-risk parents to resources and prevent a child from being abused rather than to react to the situation after a child has been abused. From personal experiences doing crisis work with families and as a Child Welfare Worker, it is more cost efficient, both in financial and emotional and physical terms, to prevent damage than having to go back and repair the damage. I believe that when people are taught there are options they are empowered to make choices. In addition, we can educate ourselves and others on characteristics that are considered ameliorative and be able to better understand what it is about resilient individuals which enabled them to overcome their traumas. This helps us to help those at risk. When

approaching the issue of child abuse from this angle, we are not focussed solely on the negative and dysfunctional outcomes but the potential positive and healthy outcomes.

One of the best-known studies investigating the antecedents of child maltreatment is the Minnesota Mother-Child Interaction Research Project (Egeland, Jacobvitz, & Papatola, 1987). In this study a sample of 267 young, relatively uneducated, economically disadvantaged, pregnant women who were in their last trimester of pregnancy at the time the study began were followed for several years following the birth of the child. During this time the researchers employed various methods to collect data on the mother's care giving skills and feelings toward the child, as well as clinical observations of the mother who was required to carry out simple tasks which exemplified her care giving and problems solving skills in regard to her child. Through their investigation they discovered several protective and risk factors associated with the maltreatment of children. Egeland et al.'s research was important in highlighting the importance of compensatory factors which indicate that there are factors which reduce the likelihood that a survivor of abuse will continue the cycle.

Protective/compensatory factors are those characteristics and resources found among "at-risk" mothers who did not maltreat their children and which are believed to be responsible for, or contribute to, breaking the cycle of abuse. Some compensatory factors identified by researchers, are: being aware of past abuse and perceiving those experiences as abusive; having a nurturing/ supportive parent or parental figure (e.g., grandparent, teacher, coach) and/or close friendships during childhood; high IQ and positive schooling experiences as a child; high self-esteem; a supportive spouse or partner; a supportive

social/ family network as an adult; economic security; and living in a community opposed to violence (De Paul, Milner, & Mugica, 1995; Egeland et al., 1987; Kaufman & Zigler, 1989; Litty et al., 1996; Milner, Robertson, & Rogers, 1990; Weissman- Wind et al., 1994). These factors have been associated with a lower likelihood of abusing one's own child.

In contrast, risk factors are those characteristics and hazards found among "at-risk" mothers who maltreated their children and are believed to increase the likelihood of maltreatment. Factors identified as risk factors include: low self esteem; having a history of abuse; being single and living in poverty; low IQ and/or low educational achievement; unemployment; social isolation; and living in a community where there is acceptance of corporal punishment (Kaufman & Zigler, 1989; Belsky & Vondra, 1989). In past research the focus was on risk factors because they were important in predicting and consequently preventing the cycle of abuse.

It is very difficult to determine exactly how these factors interact with each other or how they work to act as compensatory factors or risk factors. Kaufman and Zigler (1989) maintain that "the key to predicting the likelihood that any one individual will become abusive is understanding the relative importance of each of these factors" (p. 139). Compensatory and risk factors quite often produce what Kaufman and Zigler describe as "bidirectional effects". To make the situation more complex, the effect of stressors is also unknown. For example, early experiences with parents can influence the quality of the spousal relationship, and a good marriage can alleviate the effects of negative childhood experiences. The severity of a stressor is strictly a subjective

experience. If the person is able to positively reframe stressful events, the events themselves are not as traumatic. There are innumerable possibilities and potential mediating factors.

Nevertheless, Belsky (1984) asserts that it is the ontogenetic level of factors, or personal characteristics/personal history, which is the strongest determinant of parenting behavior. So if the parent has a successful marriage then they likely will have good support when dealing with difficult childhood experiences. Usually the success of a marriage is based on the personality of the individual and other such characteristics which can be traced back to the ontogenetic level. Notwithstanding, the more resources a person has available to them the better the outcome, which is resilience. The balance between risk and compensatory factors is not based on any one formula. If an individual has just one positive factor in their childhood which was ridden with difficulties, that may be all that person needs to overcome abuse. If another individual with an abusive childhood has two or more positive factors in their history but goes on to abuse his or her child, then those positive resources were not enough to help the person discontinue the cycle.

Although most studies, like Egeland et al.'s (1987) research, employed all female samples, a few studies have included both men and women. Unfortunately, this research did not analyze for gender differences due to inadequate sample size and/ or the absence of a comparison group. One example of a study which did include both genders is Litty et al.'s (1996) multiple variable study on how perceived social support and quality of relationships with parents moderates the effects of physical abuse included 173 men and 126 women in their study. However, none of their analyses were done separately by

gender. Milner et al., (1990) also included male and female participants, however gender analysis was not part of the discussion nor of the results. Kaufman and Zigler (1989) also contributed a great deal to the knowledge base on compensatory factors but, their work also focussed on women. All three of these studies merely indicated that the compensatory factors they were investigating did have significant influence on decreasing the participant's propensity to abuse.

To our knowledge, there has only been one study which systematically investigated several mediating variables (or compensatory factors) in regard to gender. De Paul, Milner and Mugica (1995) studied abuse rates of males and females in a Basque sample and examined childhood social support as a moderating factor for child abuse potential in adulthood. However, the limiting factor here again was that the 74% of the sample (n= 426) was female. As expected, there was a positive relationship between experience of physical child abuse and child abuse potential for adult females. Also, as expected based on past research, father support, mother support, friend support, and sibling support all operated as compensatory factors. Each of these variables significantly contributed to the prediction of child abuse potential scores in adult females.

In comparison, there was no significant relationship between history of child abuse and child abuse potential scores for adult males in this Basque sample. Only father support during childhood operated as a compensatory factor and significantly contributed to the prediction of child abuse potential scores for adult males.

The results from De Paul et al.'s (1995) study indicates that the experience of abuse may affect males and females differently and that the compensatory factors and risk

factors for child abuse may be different for men and women. However, until more systematic research is done on gender differences in compensatory and risk factors for child abuse survivors, we can only speculate on what the extent and characteristics of these factors might be and how they might affect men.

Gender Differences in Parenting

A powerful example of how risk factors affect men and women differently is how poverty has been linked to child abuse risk (Gelles, 1989). In fact, poverty is one of the risk factors identified by Kaufman and Zigler (1989) and many others. It is well known that single parent families often are at or below the poverty line. Women make up the largest percentage of single parent families and most single mothers are poor (Frankel-Howard, 1989). This has been found to be a big factor in the over-representation of women among abuse perpetrators (Gelles, 1989; Sack, Mason & Higgins, 1985). According to Gelles (1989), economic deprivation is the key reason that single mothers are more likely to abuse their children than mothers who are married.

Being a single parent was also identified as a risk factor for both male and female abusers. While Sack et al., (1985) claim that there are no differences between the rate of child abuse according to gender of the single parent, Gelles (1989) found the exact opposite. While Gelles maintained that abuse rates for single parent families are over-represented in the statistics, single fathers are more prone to severe and very severe forms of abuse than single mothers and fathers in dual caretaker families. According to Gelles (1989) children in single father homes, where the income level is below the poverty line, face the greatest risk of severe violence. According to Gelles (1989) the rate of 406/1000

children is the highest rate of any other sub-population of parents that he has researched.

The rates of child abuse have been broken down by gender of perpetrator. It is often assumed, because of a focus in the literature on females, that they are more likely than males to be the perpetrator of violence against children. However, the results are inconsistent from one study to the next. For example, fathers are responsible for almost two thirds of deaths of children between 2 and 13 years of age (Silverman & Kennedy, 1993). According to perpetration rates in Canadian child welfare reports, most abusive behavior can be attributed to men (Federal- Provincial Working Group on Child and Family Services Information, 1994). In addition, Gil (1970) looked at the general rate of perpetration and then divided the rates according to male and female perpetration. He found in a national American study that 86% of perpetrators were parents or parent substitutes and that 47% of the perpetrators were female and 39% of the perpetrators were male. However, considering that a large portion of the abused children were living in fatherless homes (29.5% of the cohort), fathers and father substitutes were responsible for almost two thirds of the child abuse incidents where a father was present in the family home. Thus we can conclude from Gil's study that men are more likely to abuse the children in their care. In a Canadian Justice Statistics report (1991), 62% of those charged with 'other assaults' (which include any nonsexual assaults) were women. However, unlike Gil, this report does not indicate which of these women were single parents and which were living with a partner. As Ghent, Da Sylva, and Farren (1985) report, the most important factor to consider when determining which gender is more predisposed to abuse children is how accessible the child is to the parent or the parent substitute.

Females are still more likely to be responsible for the care of children. In fact, Frankel-Howard maintains that "women are expected to be the major care-takers of children…women have fewer options than men for self fulfilment outside the family" (p.24). They spend more time at home with the child, particularly at the age when children need the most attention and are the most vulnerable (e.g. in the formative years from birth to about age seven or eight).

Why are children more likely to be abused in a father's care? One of the most apparent differences between abusive mothers and fathers is that males are often stronger than women and can therefore cause more damage to a child than a woman can (Nicholas & Bieber, 1994; Martin & Coontz, 1987). Moreover, men and women have different parenting styles and discipline strategies. In addition, it is common knowledge that women are more likely to reach out for support than are men. Mothers also have a larger repertoire of disciplinary strategies and use physical punishment mainly when children are disobedient. Fathers, however, have fewer strategies in their repertoire and are more likely to use physical discipline as a strategy for a broader range of misbehaviors (Martin & Coontz, 1987). Frankel-Howard (1989), claim that it is highly "significant that men, who have far less caregiving responsibility and spend less time generally with children, are still identified as perpetrators in half the cases of physical abuse" (p. 26).

In general fathers are often the disciplinarians in the family. This is perhaps attributed to the fact that fathers are often more successful than mothers when they do discipline children (Sack, Mason, & Higgins, 1985). However, fathers' success in disciplining their children may be based upon their use of punitive parenting techniques

as a more common method of controlling children (Nicholas & Bieber, 1994). In general it is more common for males to use physical aggression in many of their routine interactions. It also appears that males are less likely to *view* certain severe behaviors as abusive. They are more apt to *view* these behaviors as reasonable physical discipline. Nicholas and Bieber (1994) maintain that "[m]ales may be more approving of or less concerned about violence in general and within the family in particular" (p. 168). They support this statement by the evidence they gathered when they had childless adults ascertain gender attitudes toward violence by having them view abusive interactions between parents and children in vignettes. Males in their study reported that they believed sons were supposed to be able to tolerate abuse and be strong enough to handle it, particularly if the mother is the abuser (Nicholas & Bieber, 1994).

When considering who might possibly abuse their children, Belsky and Vondra (1989) speculate that maltreatment is the result of risk factors (either chronic or transitory factors) outweighing compensatory factors or a lack of compensatory factors to start with. Similarly, Kaufman and Zigler (1989) maintain that the "key to predicting the likelihood that any one individual will become abusive is understanding the relative importance of each of these factors" (p. 139). Therefore, we are unable to predict with complete accuracy who will or will not abuse a child because of the multitude of factors which help and the multitude of factors which hinder the child abuse survivor in overcoming their traumatic experiences. Thus we are left with the task of determining what the compensatory factors are in each individual and how these factors interact to decrease the risk of abuse in the subsequent generation. The Human Ecological framework is useful

for helping us understand the relationships among all these variables.

The Human Ecological Theory: A Guiding Conceptual Framework

Sontag and Bubolz (1993) assert that the main focus of human ecology is the interaction and interdependence of humans with their environments. In trying to understand abusive parenting, Belsky (1980) developed a model consistent with the Human Ecological framework. He wanted to identify factors in the family environment and interfacing environments that were related to the occurrence of child abuse. These environments are considered to be a set of nested structures or embedded levels. The first level is the individual level, second is the microsystem, third is the exosystem, and the last level is the macrosystem. Child abuse can be seen as a result of the interaction between and among all the environments. Belsky (1980) claimed that developmental history has an impact on personality which subsequently impacts the quality of parenting and the child's development. Belsky's (1980) model considers the multiple factors (compensatory and risk) which he considers to be important at each of the levels in this model (see Figure 1).

The individual level can best be described by considering the ontogenetic development of the abusive adult. This means looking at the adult's history of maltreatment (Belsky's developmental history) and other factors related to how he or she was parented, such as neglect or outright rejection from parents or witnessing other aggressive behaviors. Results of such experiences may include lower self esteem and a hostile and reactive manner in dealing with stress, which are a few of the predisposing factors to future abuse (Hamilton, Stilles, Melowsky, & Beal, 1987).

From: **Hamilton, Stiles, Melowsky, and Beal** (1987)

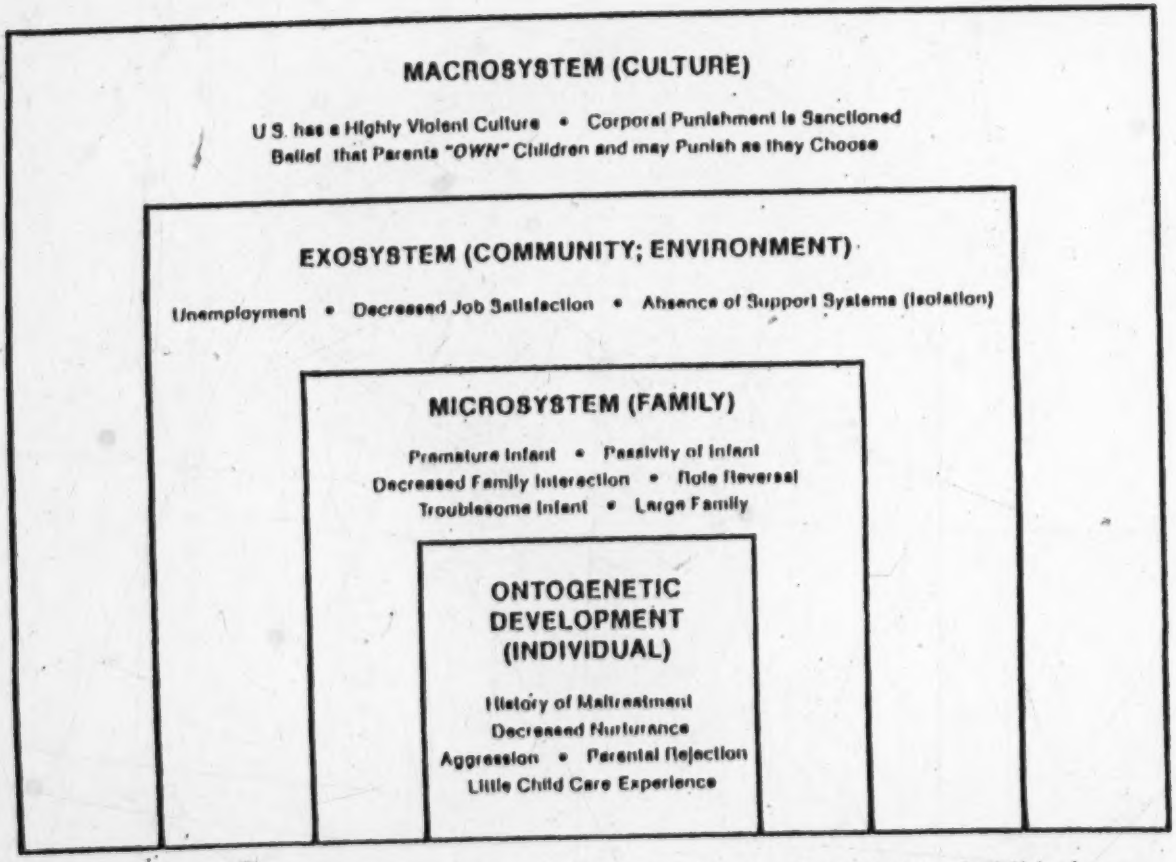

MACROSYSTEM (CULTURE)
U.S. has a Highly Violent Culture • Corporal Punishment is Sanctioned
Belief that Parents "OWN" Children and may Punish as they Choose
EXOSYSTEM (COMMUNITY; ENVIRONMENT)
Unemployment • Decreased Job Satisfaction • Absence of Support Systems (Isolation)
MICROSYSTEM (FAMILY)
Premature Infant • Passivity of Infant
Decreased Family Interaction • Role Reversal
Troublesome Infant • Large Family
ONTOGENETIC DEVELOPMENT (INDIVIDUAL)
History of Maltreatment
Decreased Nurturance
Aggression • Parental Rejection
Little Child Care Experience

Fig. 1. Diagram of Belsky's (1980) ecologically integrative model of child abuse

The microsystem is the immediate context within which the abuse occurs. This context can be described as the abusive family which is characterized by negative interactions, role reversal and other impoverishments. However, this level is not strictly ascribed to the parents. It may also include the child who may be a potential contributor to his/her own abuse. For example, a child who is premature or is perceived as being particularly troublesome or having an annoying personality are considered risk factors when considering a parent with limited parenting skills or parenting knowledge to deal with special circumstances of the child's situation (Belsky, 1980; Hamilton et al., 1987). Belsky considers how personality may relate to how sensitive or nurturing a parent may or may not be and how this affects interactions between the child and parent and the parent and other family members (1980).

The exosystem best describes the community and other social structures. This environment infringes upon the immediate environments in which the individual is found thereby having an effect on what occurs within. Examples include social isolation, the neighborhood, and the state of employment (Belsky, 1980).

The macrosystem subsumes the cultural values and basic belief systems which support the maltreatment of children. Cultural values influence the other levels because of what these beliefs and values espouse. For example, some cultures strictly adhere to religious edicts that suggest the corporal punishment of children is not only acceptable but necessary to ensure the family hierarchy is maintained. Therefore, these values impact daily functioning of the family where religion is the basic guide for acceptable and unacceptable behavior. Hamilton et. al. (1987) use as an example the American belief in

corporal punishment and our highly violent culture. This exemplifies how child abuse is a potential result of violence in our culture. There is justification from higher systems to use violence because it is valued as a successful means to an end. However, the factors which have been identified by research based on Belsky's work as being most important in determining parenting behavior are those related to the ontogenetic level (Kaufman & Zigler, 1989). In fact Belsky and Vondra (1989) claim that "personal psychological resources are the most influential determinants of parenting not simply for their direct effect on parental functioning, but also....in recruiting contextual support" (p. 191).

Although the Human Ecology theory systematically sets up multiple factor analysis of issues which are complex, such as child abuse, there is a weakness in the theory which must be addressed. Because the theory allows for multiple analysis, there is no reason why gender differences cannot be explained by the theory. The theory does explain how the different levels may impact men and women (e.g., social acceptance of aggression for males) but there appears to be no attempt to suggest how these variables operate differently for men and women. It does little to help us understand *how* the various levels interact, it just tells us that they do interact. There are no indications of strength, direction/ movement or causality in the model.

Nevertheless, several assumptions from previous can be made research about gender differences between male and female child abuse survivors. Researchers have suggested that males receive more occurrences of abuse than females (Cappel & Heiner, 1990; Milner, et al., 1990; Muller, 1995). Males are more prone to acting out aggressively at earlier ages as a result of their abusive experiences. Researchers also claim that men are

taught more often that violence has value. In addition, men use aggression as an acceptable means to achieve their goals. Cappell and Heiner (1990) indicate that men do not have to witness aggression within their family in order to learn that aggression is acceptable in intimate relationships and in general interactions with others. They maintain that in our culture there are plenty of aggressive role models outside the family. Because men are taught that violence is valued and acceptable they tend to view violence in a different way than women do. In fact they often minimize damaging acts of violence especially when young boys are being abused (Nicholas & Bieber, 1994). Because violence and aggression are more acceptable means to an end for men than women, and because men tend to view violence as having value (and therefore minimizing it's negative impacts upon children when used excessively), we can see a potentially strong connection between abusive behavior and gender.

Because males are taught at earlier ages that it is more culturally acceptable to use violence and aggression and to be strong when violence is used against them, it is possible that they view the use of violence against children is more acceptable. If this is indeed the case, it is critical to create prevention and intervention strategies specifically geared towards males. Green (1979) claimed in his study that it is of critical importance that we develop strategies that are geared to the specific needs and challenges of fathers because they share the responsibility of abuse with women. This is still the case almost twenty years later because we lack definitive answers and knowledge that is required to address the specific needs of abusers who often cause the most damage in abusing their young children.

With this in mind, identifying the specific factors that are related to later adjustment in child abuse survivors, particularly where men are concerned, could be used in program design for survivors. By investigating attitudes, past history, and child abuse potential of survivors of childhood abuse it is believed that we will be able to answer some of these questions and acquire the knowledge necessary to address the specific challenges faced by child abuse survivors of either gender. According to Nicholas and Bieber (1994) " if the perceptions and attitudes of young adults can be understood, then educational programs geared specifically to young people before they become parents may help reduce the incidence of abusive parenting and increase supportive parenting" (p. 169). Thus, interventions which utilize compensatory factors could be designed for those at-risk for becoming an abusive parent before they have children of their own (Weissmann-Wind & Silvern, 1994). By implementing information gleaned from research which includes male survivors of child abuse, service providers may support positive outcomes by educating child abuse survivors and consequently empower them. In the future, child abuse survivors may be able to provide more sensitive nurturing, and supportive parenting due to the knowledge gained from research on compensatory factors. As well, child abuse survivors may be able to maintain supportive networks and continue a positive life despite risk factors which may dispose them to abusive behaviors.

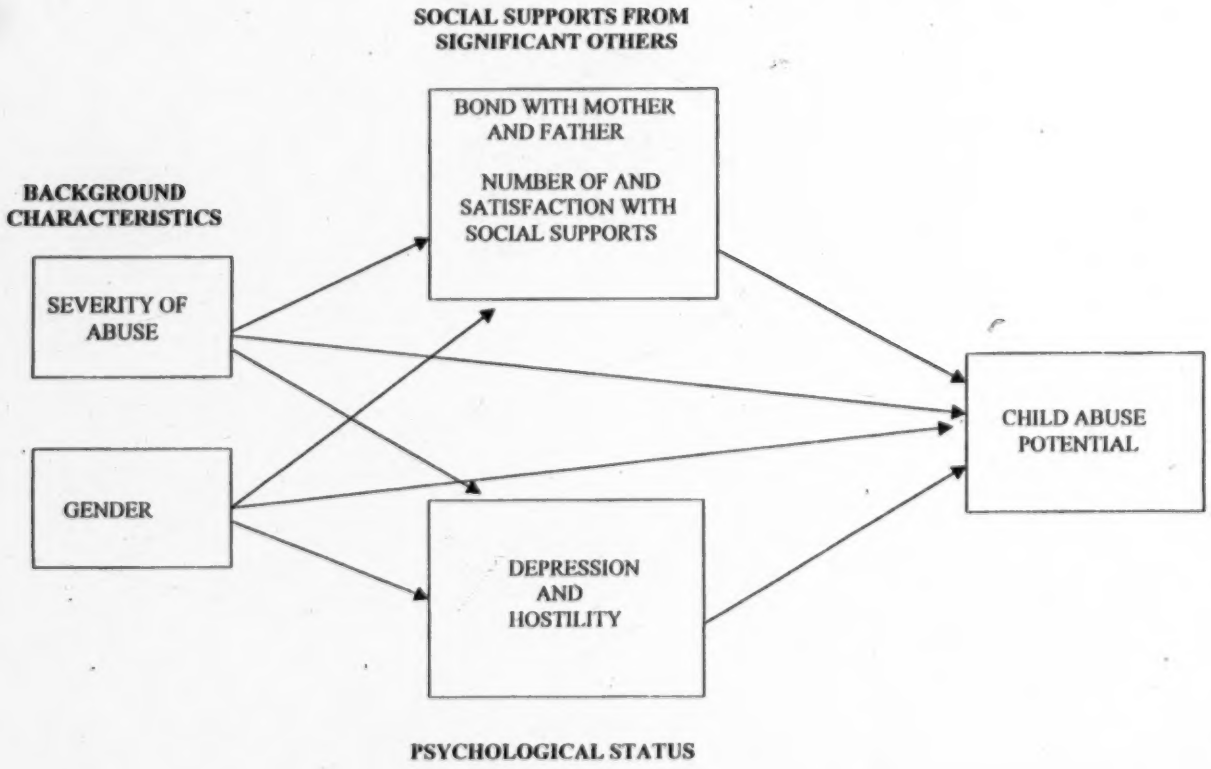
CONCEPTUAL MODEL

Based on the research reviewed, an adapted theoretical model is provided in Figure 2. The conceptual model helps to describe the possible relationships between severity of child abuse and future child abuse potential. The conceptual model also helps to describe the impact gender may have on child abuse potential. Research has shown that, while there is no direct link between the experience of childhood abuse and the potential to abuse one's own child, the likelihood that a child abuse survivor will abuse his or her own child is greater than that of the general population (Kaufman & Zigler, 1989). However, Straus et al. (1988) determined that chronicity (recurrence and fierceness) of child abuse is related to child abuse potential in adulthood. Research has also suggested that males are suspected to be the perpetrators of physical child abuse more often than women are perpetrators (Federal- Provincial Working Group on Child and Family Services Information, 1994; Gil, 1970). In addition research has shown that males view violence as a more acceptable means to an end, and are rewarded for using violence more often than are women (Cappel & Heiner, 1990; Nicholas & Bieber, 1994).

The model in Figure 2 indicates that severity of abuse and gender are related to child abuse potential. Social support and psychological status variables are expected to be impacted by gender and severity of abuse. In addition, social support and psychological variables will have an impact on the strength of the relationship between severity of abuse and child abuse potential, and gender and child abuse potential. These variables may either decrease the child abuse survivor's potential to positively parent a child leading to an increased risk for child abuse (e.g., low supports or severe depression)

CONCEPTUAL MODEL

FIGURE 2



or increase the potential to positively parent a child.

For example, one of the risk factors in the continuation of child abuse is that those who are at risk often find themselves socially isolated, away from the supports of both family and friends (Burgess & Youngblade, 1988; Egeland et al., 1987; Herrenkohl et al., 1983; Kaufman and Zigler, 1989). In addition, it is suggested that child abuse survivors lack the necessary social skills required to obtain and maintain their supportive networks. Most often child abusing parents are unwilling or unable to even access community supports. Burgess and Youngblade (1988) reported that "contacts… with relatives, friends, neighbors and the larger community or its agencies may often be aversive" for the abusive parent (p. 41). These authors also suggest that rather than socializing with supportive people who may provide "assistance, empathy and problem solving help, abusive parents often interact with others…in similar situations" (p. 41).

Another example from previous research indicates that children who have survived abusive experiences often suffer developmental delays and psychological deficits (Elmer, 1980; Martin & Beezley, 1980). Thus, it is assumed that those who have experienced more severe abuse will likely have more severe levels of psychological dysfunction (e.g., are more hostile and more depressed).

It is also assumed, as illustrated in the model, that gender influences the nature of attachment to parents (Egeland & Faber, 1984), and the nature of social support network the child abuse survivor had while growing up. As well, gender influences present psychological states. Although research has shown that not all child abusers have severe

psychological impairment (Spinetta & Rigler, 1972), research evidence suggests that depression and hostility are common to both abuse survivors in adulthood and children who are being abused. Gil (1970) noted that maternal depression was common in families at risk for abuse. Milner and Chilamkurti (1991) reviewed perpetrator characteristics and found that depression is a characteristic of the physically abusive parent. Researchers have found that boys who have been abused are more negativistic, disobedient, and aggressive and tend to develop antisocial behavior, whereas girls are exceptionally quiet, withdrawn, compliant, vigilant, and depressed (Trickett, 1993). Boys who have been sexually abused are similar to boys who have been physically abused in their externalization of feelings and reactions (e.g., acting out). Psychological functioning then affects one's parenting potential (negative psychological functioning = negative parenting potential.

Problem and Hypotheses

Although we know much about compensatory and risk factors from research with at-risk females, little is known about whether these results are applicable to male survivors of childhood physical abuse. The purpose of this study was to investigate factors related to parenting potential in a sample of male and female child abuse survivors and determine if and how severity of abuse is related to child abuse potential. Specifically, *how does the experience of parental abuse affect one's potential to effectively parent one's own child?* I assume that this relationship is mediated by other factors in a person's background (such as gender), the extent and quality of social support from significant others while growing up, and present psychological functioning.

Several main hypotheses stem from this research question:

1) The more severe the abusive experience:

a) the greater the probability of child abuse potential.

b) the less likely the child abuse survivor will have positive social supports (e.g. positive attachment to both parents, and nature of support from significant others).

c) the higher the levels of psychological dysfunction.

2) Male child abuse survivors,

a) have a higher potential to abuse their children than female child abuse survivors.

b) have fewer social supports (e.g. positive bond with parents and the nature of supports from significant others) than female child abuse survivors.

c) will report higher levels of psychological dysfunction than female child abuse survivors.

3) *The higher the level of current psychological dysfunction the greater the potential to abuse one's child.*

4) *The more social supports reported (positive bond with parents and the nature of supports from significant others) the lower the potential to abuse.*

METHODS

Research Design

A causal-comparative study was carried out to investigate differences in the relationships that history of child abuse, nature of parental bonds, nature and extent of social supports during childhood, and present psychological functioning had with child abuse potential for male and female survivors of childhood physical abuse. Causal comparative studies allow investigators to identify possible causal relationships among variables which cannot be manipulated (Fraenkel & Wallen, 1996). A causal-comparative design is appropriate when investigation of several different variables is being done to determine which variable is the most likely to be responsible for the phenomenon being studied (Fraenkel & Wallen, 1996).

The original design was to include approximately 160 survivors of child abuse comprising 80 men and 80 women in order to undertake a path analysis of the variables in answering our questions and testing our hypotheses. Correlational analysis and t-tests, rather than path analyses, were the statistical methods selected because the sample size was smaller than expected. These statistics were used to determine whether the predicted relationships between the variables existed and the strength of these relationships.

Data Collection

Sample. Purposive sampling, the method used to recruit volunteers for this study, is used when participants are sought for research on the basis of the necessary knowledge and information they possess (Fraenkel & Wallen, 1996). Originally, we attempted to recruit a broad sample of parenting experiences which included those who had positive

and supportive parenting experiences and those who had negative and abusive experiences. However, due to the hypotheses we wished to test, we used a sub-sample of child abuse survivors. The Exposure to Abusive and Supportive Environments-Parenting Inventory (EASE-PI by Nicholas & Bieber, 1994) subscales of emotional, sexual, and physical abuse, and the love/support subscale was used to determine those who had experienced some form of abuse, therefore these participants constituted the abused sub-sample.

Inclusion criteria for this sample were that participants be between 18 and 35 years of age and have no children, be fluent in English and be able to understand and respond easily to paper- and- pencil questionnaires, live in or around the Edmonton area and be able to come to the university campus to complete the questionnaires.

Participants were recruited through three main methods: newspaper, television, and radio advertisements and posters. Advertisements were placed in the Edmonton Journal, the Edmonton Examiner, the Edmonton Sun, and Native Youth News newspapers. In addition, advertisement on several televised community events calendars were put on ITV's Edmonton Events, CFRN's In Touch, Videotron's The Edge, and Shaw Cable's community events calendar (see Appendix A for an example of the advertisement). We also advertised on CBC Radio which provided public service announcements. As well, specific measures were taken because we found we lacked enough participants who met the specific needs of the study (e.g., we were not getting enough responses from male survivors of abuse).

Posters (see Appendix B) that recruited generally and for the abused sample were

placed around the University of Alberta, Grant McEwan Community College, and around two social service agencies, Catholic Social Services and Alberta Alcohol and Drug Abuse Commission (AADAC), and other public display areas (e.g., libraries, recreation centres, and a shopping mall). (A copy of the Letter of Request for posting in the service agencies is included in Appendix C). Potential participants telephoned the researcher to set up appointments. Participation was completely voluntary.

Although we tried a variety of recruiting measures, we found that interest in participation was far below our expectations. Initial response was positive with approximately 25-30 participants within the first month. When recruitment for the study began to taper off in the early spring, newspaper and television advertisements were utilized. In total, 55 participants had volunteered for the study over a 10 month period. The most successful recruiting measure was the posting of flyers around the University of Alberta campus.

Data Collection Instruments. Five standardized paper-and-pencil measures with varying degrees of established validity and reliability and one measure developed for the purposes of this research were employed. These included:

1) **Exposure to Abusive and Supportive Environments-Parenting Inventory** (Nicholas & Bieber, 1994) (see Appendix D). To assess parenting and disciplinary practices and abusive experiences during childhood, the Exposure to Abusive and Supportive Environments- Parenting Inventory (or EASE-PI) was used. The EASE-PI was initially developed to assess exposure to both abusive and supportive environments provided by both parents. Initial factor analysis was carried out by the authors which

resulted in six factors: three negative factors which were defined as Emotional Abusiveness (EA); Physical Abusiveness (PA); and Sexual Abusiveness (SA); and three positive factors which were defined as Love/Support (L/S); Promotion of Independence (I); and Positive Modelling Fairness (M/F) (Nicholas & Bieber, 1997). For the purposes of this study only the EA, PA, SA scales were used. Emotional abuse is defined in the EASE-PI as emotional injury which is the result of humiliation/shaming, criticism and swearing, threats, verbal attacks on self esteem, or rejection. Physical abuse is defined in the EASE-PI as the intentional application of force (by object or by person) which results in the infliction of pain, harm or injury. Sexual abuse is defined as the act of exposing a child to sexual activities which involve contact (such as fondling, kissing, and oral, anal or vaginal sex), or non-contact (such as exposing genitalia, sexual/lewd comments).

The EASE-PI was further factor analysed for gender of parent and gender of subject similarities. This factor analysis was done in order to investigate the effects of same-gender/opposite gender abusive and supportive parental behaviors.

The EASE-PI is a self-report based on a retrospective account of the parent- child environment (Nicholas & Bieber, 1997). There are 42 items creating the three negative scales and 28 items creating the three positive scales. Respondents are asked to answer the items according to how frequently (Likert-type scale with five points: 1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = very often) their mothers and fathers engaged in each of these behaviors. There are separate scales for each parent after the question. For the purposes of the proposed research we used only the three negative or abuse subscales. Sample questions for each scale include: "Your mother (father) insulted or swore at you"

for the Emotional Abuse (EA) scale " Your mother (father) pulled your hair" for the Physical Abuse (PA) scale, and " Your mother (father) touched you sexually" for the Sexual Abuse (SA) scale.

Several items on each scale were weighted. We believed that certain questions should be weighted more heavily due to the intrusive and damaging nature of the abusive experience. For example it was believed that the question, "Your mother or father hit you" is less severe than "Your mother or father beat you up" which is less severe than "Used a weapon on you (such as a gun or knife)." The rationale behind the weighting is that professional experience has shown these more intrusive forms of physical abuse cause more damage. "Beating up" implies more violent, continuous hitting and potentially causes more damage than just hitting, while using a weapon (gun or knife) on an individual will certainly cause more damage than hands in the form of gunshot wounds, stabbings or slashings (Appendix D indicates those questions that were weighted with one star for doubled weight and two stars for triple the weight).

Test-retest reliabilities for the scales were as follows: EA ($r = .84$) and PA ($r = .92$) while the reliabilities are quite high, however, Nicholas and Bieber (1997) did not specify the time period between initial testing and re-testing of the instrument. This is important to determine because if the correlations are still high, the more time that elapses between testing the more reliable are the results. We cannot assume from Nicholas and Biebers' results what amount of time elapsed in determining whether these correlations are acceptable or not.

Validity of the EA and PA scales comes from their expected high correlations

with the Conflict Tactics Scales, the Family Experience Questionnaire, and the Parent-Child Relations Questionnaire (Nicholas & Bieber, 1997).

2) **Parental Bonding Instrument** (Parker, Tupling, & Brown, 1979) (see Appendix E). This measure was used to assess the nature of parent-child attachment to both mothers and fathers. The variable bond with mother (father) is described as the emotional attachment or feeling of closeness between a parent and a child). The Parental Bonding Instrument was originally designed to measure fundamental parenting dimensions (care and protection) that contribute to the development of psychopathologies in children's later life.

The measure consists of 25 attitudinal and behavioral items such as "My mother (father) was affectionate to me" or "My mother (father) tended to baby me". Each item has a 4-point scale where respondents assess the style of care giving and amount of control. Respondents were asked to rate what they perceived the attitudes and behaviors of parents to be [e.g. 1= very like my mother (father): 4= very unlike my mother (father)] before the respondent was age 16. Initial factor analysis by the authors of these 25 items generated a factor of affection and warmth contrasted with coldness and rejection and a second factor of over-protection contrasted with encouragement of independence and autonomy. Parker et al. (1979) labelled these two dimensions as "care" and "protection". These two variables were considered to be parental characteristics which contributed to parent-child bonding. The current version of the instrument produces two scores, one for each of the two dimensions (Parker, 1989). These two scores can then be superimposed on a grid to determine the quality of parenting: Absent/weak bonding, affectionless

control, affectionate constraint, and optimal bonding.

Split-half reliability has been measured r = .88 for the Care Scale and r =.74 for the Protection Scale. Test-retest reliability has been measured r = .73 for the Care Scale and r = .63 for the Protection Scale over a three-week period. (Parker, 1989). Parker also claims support for the validity of the instrument from a study of non-clinical subjects who scored themselves on a measure of depression and their mothers on the Parental Bonding Instrument. These same mothers were required to report how they related with their child during childhood on the Parental Bonding Instrument. Although mothers scored themselves as more caring and less protective than the subjects there was modest agreement between the subjects and their mothers (r = .44 for care and r = .55 for protection). This indicates high correlations between their own scores and their mother's score on the PBI even when participants are depressed. As well, when Parental Bonding Instrument scores were correlated with the subject's level of depression, those who were more depressed (as assessed by subjects and their mothers) had lower maternal care and higher maternal protection scores (Parker, 1989).

3) **Social Support Questionnaire- 6** (Sarason, Levine, Basham, & Sarason, 1983) (see Appendix F). To assess quantity and quality of social support networks for child abuse survivors before adolescence, the Social Support Questionnaire-6 was used. The Social Support Questionnaire was initially designed to quantify dimensions of perceived number of social supports and level of satisfaction with these social supports. The short version of the SSQ was devised for assessments which were quick and psychometrically sound. Statistical analysis was carried out by the authors to determine which items from the

original 27 item SSQ would best form a short version of the measure. Six items appear on the short version, which query various supportive behaviors and asks the respondent the number of individuals who supply such supportive behaviors to the respondent. For example, "Who accepts you totally, including your worst and your best points?" There are two basic criteria for the score: number of perceived social supports a person has had in their life and the degree to which these supports have been satisfactory. The respondent may identify up to nine individual s providing the supportive behaviors. As well, there is a Likert-type scale for the respondent to determine how satisfied they are with the quality of supportive behavior being offered (from 1= very satisfied to 6= very unsatisfied). We used a slight modification of this questionnaire by asking respondents to describe their social support and satisfaction with supports **prior to the age of thirteen.** We were attempting to determine whether social supports experienced in childhood and early adolescence as opposed to those experienced later on in life may mediate childhood abusive experiences.

Test-retest correlations for the original questionnaire for number of supports and satisfaction with supports for a 4-week interval were r =.90 and r =.83 respectively. Sarason has not done extensive work to establish the validity of the Social Support Questionnaire. However, some evidence of the instrument's convergent and divergent validity comes from the expected relationships with the Multiple Affect Adjective List and the Eysenck Personality Inventory. For females, the Multiple Affect Adjective List depression scores were negatively correlated with number of supports (r =-. 31) and satisfaction with support (r =-. 43), and hostility scores were negatively correlated with

number of supports (r =-. 26) and satisfaction with support (r =-. 36). And, Eysenck Personality Inventory extroversion scores were positively correlated with the number of social supports (r =.35). These correlates supported Sarason et al.'s (1983) expectations that those high in support might be extroverted, show less emotional discomfort, and be more optimistic about the future. Further support for the validity of the Social Support Questionnaire comes from a study of a sample of abused individuals. Those who were abused and perceived a high level of social support in their life reported more depth in their relationships (as assessed by the Quality of Relationships Inventory) with their parents than abused participants with low perceived social support (Litty, Kowalski, & Minor, 1983).

Sarason, Sarason, Shearin, and Pierce (1987) carried out two studies in order to develop short versions of the SSQ. The resulting six item SSQ-6 correlates highly with the psychometric properties that were established in previous studies of the original, much longer version of the Social Support Questionnaire (Sarason et al., 1987).

4) **Symptom Check List-90-Revised** (Derogatis, 1983; 1989) (see Appendix G). To assess the nature and extent of adult functioning in a number of physical and psychosocial areas we used the Symptom Checklist 90--Revised Version (SCL-90-R). There are 90 items on this instrument listing psychological and physical symptoms such as depression, paranoia, headaches, and trembling. Respondents are asked to record along a 5-point scale (0= not at all; 4= extremely) how much they were distressed or bothered by each of the 90 problems in the **past seven days**. This self -administered instrument includes nine primary symptom dimensions that were derived through a combination of clinical and

empirical procedures. The nine symptom dimensions include: somatization (measures distress arising from perceptions of physical dysfunction), obsessive-compulsive behavior (measures symptoms such as thoughts, impulses and actions that are highly resistant to control), interpersonal sensitivity (this dimension reflects feelings of personal inadequacy in comparison to others), depression (manifestations of clinical depression are assessed), anxiety (assesses levels of nervousness, tension, and panic), hostility (assesses feelings or actions which are related to anger and aggression), phobic anxiety (assesses a persistent fear to specific people, places, or things which stimulates escape responses), paranoid ideation (measures paranoid behavior in the form of suspicion and delusions), and psychoticism (assesses the experience of hallucinations and other schizoid personality features, and forms of withdrawal and isolation). As well there are three global indices of distress: the global severity index; the positive symptom distress index; and the positive symptom total. We used the depression and hostility scales to assess aspects of parental personality identified as important in affecting parenting

Alpha coefficients (internal consistency measures) for the full-scale measure between .77 and .90 and test-retest coefficients between .78 and .90 have been reported (Derogatis, 1983). Derogatis also claims construct validity evidence for the SCL-R-90 comes from the strong correlations between scores on each of the nine symptom dimension score and their comparable Minnesota Multi-phasic Personality Inventory (MMPI) scales. For example, the depression subscales on the SCL-90-R correlates (r =. 75) with the depression scale on the MMPI and hostility subscales on the SCL-90-R correlates (r =. 68) with the resentment and aggression scales on the MMPI.

5) **Child Abuse Potential Inventory** (Milner, J. & Wimberley, R., 1979)(see Appendix H). To assess a participant's child abuse potential (including beliefs about children, attitudes toward children, attitudes toward disciplining of children, and patience with children) we used the self-administered Child Abuse Potential Inventory or CAPI. It is one of the few measurements intended to identify physically abusive parents or caretakers. The Child Abuse Potential Inventory was initially designed as a screening device for child welfare staff working with individuals suspected of child abuse (and to determine which cases needed to be further investigated)(Kaufman & Walker, 1984). The CAP(I) has both clinical and screening cut-offs which allow practitioners to determine which individuals are abusing their children (clinical) and those who are at risk of abusing their children (screening cut-off which can be used as a preventative measure). Factor analysis was completed by the authors with a group of 19 abusive and 19 non-abusive parents which resulted in the present 160-item version of the CAPI. Items are presented in a forced choice format (agree/ disagree) sample questions include "Children should never be bad" and "Children should always make their parents happy".

There are four sub-scales which include Abuse, Random Responding, Inconsistency, and Defensiveness. Personality traits associated with people who have abused/neglected children were used in the development of the abuse scale (Kaufman & Walker, 1984). The Abuse scale consists of 77 items and six related descriptive factor scales which include rigidity, distress, unhappiness, problems with child and self, problems with family and problems with others. The three validity scales are as follows: Lie scale (which attempts to identify individuals who purposely try to present themselves

in a positive light- faking good); Random Response scale (for those who did not understand items or could not read them); and Inconsistency scale (reduces false positive random responses).

Test-retest reliabilities for the 160-item instrument for one day, one week, and one month are r =.91, r =.90, and r =.83 respectively, which indicates a high degree of stability of scores over time. Evidence of concurrent validity for the Child Abuse Potential Inventory comes from the Milner and Wimberly study (as cited in Kaufman & Walker, 1984) of 65 abusive and 65 non-abusive matched parents. The abuse scale proved to correctly classify the parents into their respective groups 96% of the time. Predictive validity was supported by a longitudinal study of 200 parents clinically classified as at-risk for abuse or neglect according to their CAPI scores. These parents were followed for six months after completion of the CAPI. A significant relationship was found between the total abuse score and subsequent abusive and neglectful behavior (Kaufman & Walker, 1984).

6) **Demographics and Likelihood of having Children** (see Appendix I) In addition to the above measures we included a short demographic questionnaire, specifically developed for this study, which included questions about where the respondents grew up and with whom they lived (e.g., both parents, mother only, foster parents etc.), how many siblings they have, and highest level of schooling achieved.

Data Collection Procedures

When individuals called to inquire about the study they were informed about its purpose.They were told that we were interested in how family background (especially

childhood relationships with parents and significant others, parents' styles of parenting, and any experience of childhood abuse) may be related to individuals' current self-concepts, expectations about becoming a parent and about children's behavior, attitudes about parenting, views on appropriate child discipline techniques, and their current psychological health. Prospective participants were informed that participation involved completing seven questionnaires about these topics/issues which would take an average of one and a half hours to complete. Interested participants were scheduled for research sessions as individuals or with groups of up to 10 individuals.

When participants arrived for the research session, they had the study described to them in more detail and had any additional questions answered before information sheets (Appendix J) and consent forms (Appendix K) were distributed. Once participants had read over the information sheet and signed the consent form, consent forms were collected. Participants were able to keep their information sheet. Participants' attention was drawn to the backside of the information sheets to a list of resources (Appendix J) including helping professionals on the back of the information sheet should they wished additional information on parenting or assistance in dealing with parent-child issues which arose as a result of their childhood.

Once the signed consent forms had been collected, packages of the seven questionnaires were distributed. The order in which the questionnaires appear were not specified however there were two qualifications: the Exposure to Abusive and Supportive Environments -Parenting Inventory (which asks about abuse) would never appear first and the Family Background and Demographics questionnaire would always appear last.

Anonymity was assured since no names or other identifying information appeared on the questionnaires. Each individual's questionnaire was linked by a case number, however, there was no way to link the case number with the individual's name. Case numbers did not appear on consent forms. Since consent forms were collected prior to the distribution of the packages of questionnaires even the researcher had no way to link names and responses. Each of the eight questionnaires that participants were asked to complete were briefly described to them before the session began so that they were aware of what kinds of questions to expect (this was especially important because of the questions on childhood abuse.) They were told that there was quite a bit of variation in the length of time it took people to complete the package of questionnaires from under 1 hour to 2 hours to complete (with the average person taking about 1.5 hours). There was no time limit to complete the questionnaires. Participants were informed that some of the questions asking about their relationship with their parents, how they were parented, and their experience of any childhood abuse may be upsetting. Their attention was redirected to the resource list provided on the back of their consent forms. They were also told that although we would like participants to complete all the questions, they were free to leave any question or questionnaire blank if, for any reason, they did not wish to respond. They were instructed that if they wished to take a break during completion of the questionnaires that they may do so. Coffee, tea, and juice were provided during each session. The researcher was available throughout the session should participants have any questions or concerns.

Once participants completed all the questionnaires they replaced them into the

envelope, sealed it, and returned it to the researcher. They were thanked for their participation and encouraged to call the researchers if they had any further questions or if they wished to have a summary of the results sent to them.

Ethical Considerations

The proposed study was designed to ensure that informed consent was obtained by thoroughly explaining to participants the measures to be administered and the risks involved, to protect participants' privacy by ensuring anonymity and confidentiality, and to ensure measures had been taken to deal with possible negative effects of participation on participants.

Interested participants were able to respond to advertisements and to receive initial information about the study over the phone. Information was provided about the study during the initial telephone call and then again in more detail at the beginning of each research session on campus. Questions were encouraged and no one was scheduled for a research session unless he or she seemed confident in their decision to participate.

A number of procedures were employed to ensure anonymity and confidentiality of all participants in this study, thereby protecting the participants' rights to privacy. As described in the procedures section, participants' questionnaires were linked by a case number. It was impossible to connect this case number to a name, thus ensuring anonymity of response. Data were analysed and reported by group statistics. No one but the researchers have access to the original questionnaires. The questionnaires are kept in a locked file cabinet in a locked office and will be destroyed after approximately five years time.

If at any point the participants felt overwhelmed they were told that they could terminate their participation or take a break if they felt they required one. As well, a check was made with all participants after they had completed their questionnaires in order to gauge participants' reactions to their participation. The participants were encouraged at the beginning of the research session to meet with the researcher after completion of the questionnaires to discuss their impression of the questionnaires and any possible negative reaction. The researcher also checked periodically with participants during the session to ensure they were not having any emotional or comprehension problems with the questions.

Operational Definitions Of Variables

Five constructs were used in this study: severity of abuse the respondent experienced as a child; social support from significant others available during childhood; present psychological status of the respondent (as measured by level of psychological dysfunction); the respondent's potential to abuse as an adult; and gender. Gender was a dichotomous variable coded 0 (male) and 1 (female). Multiple indicators were used for most of the remaining constructs and are described below.

Severity of Abuse: Six variables representing the construct of severity of abuse were used. These included severity of emotional abuse by mother, severity of emotional abuse by father, severity of physical abuse by mother, severity of physical abuse by father, severity of sexual abuse by mother, and severity of sexual abuse by father. Each was constructed by using the sub-scales of the EASE-PI. The values on the emotional abuse sub-scale ranged from 0 to 130, the physical abuse sub-scale ranged from 0 to 100 ,

and the sexual abuse sub-scale scores ranged from 0 to 85.

Social Support: Six variables representing the construct of social support were used. These included care by mother, care by father, overprotection by mother, and overprotection by father which constitute bond with parents. The bond with parents variable was constructed using subscales of the Parental Bonding Instrument. The other two variables were number of social supports and satisfactions with supports. The values on the care sub-scale ranged from 0 to 36, the values on the overprotection sub-scale ranged from 0 to 39, the values on the number of social supports sub-scale ranged from 0 to 5, the values on the satisfaction with social supports sub-scale ranged from 1to 6.

Psychological Status: Two variables representing psychological status were used. These included hostility and depression. Each was constructed using sub-scales of the SCL-90-R. The values on the hostility subscale ranged from 0 to 4, the values on the depression sub-scale ranged from 0 to 4.

Child Abuse Potential: Only one variable was used to represent child abuse potential. That was the over all score on the Child Abuse Potential Inventory. The actual values on the abuse potential score ranged from 33 to 411.

Data Analysis

It is believed severity of abuse experienced will affect the nature of our bonds with parents and support from significant others which will influence child abuse potential. It was assumed that gender also affects the nature of our bonds with parents and support from significant others which in turn will influence child abuse potential. In addition, severity of abuse experienced and gender will directly affect child abuse

potential. Pearson correlations and independent samples T-test were calculated to determine strength and direction of the relationships between these variables.

Hypotheses 1 a through c and hypothesis 3 and 4 were tested using Pearson correlations and hypotheses 2 a through c were tested using independent samples T-tests.

RESULTS

Sample Description

Frequencies were calculated to determine the characteristics of the sample. The sample consisted of 34 women and 21 men (N = 55), who ranged in age from 18 through 47 years with an average age of 29.5 years. The original plan for the study was to limit the age of participants from 18 through 35 years in order to avoid ethical and legal problems while including those who were still in the child- bearing years. The sample composition of the research reported included older respondents than anticipated (six being older than 35). These participants were included due to small sample size. For similar ethical and legal reasons we asked that participants be childless.

However, because we required that participants be childless we may have limited our recruitment potential. For example, those with children could share their experiences and actual behaviors rather than speculate what their behaviors will be like based on attitudes and opinions. In addition, it was also plausible that those participants who were older may already have decided not to have children which may have affected the randomness of the sample.

Special recruitment measures were taken not enough survivors of abuse came forward in response to the advertising. Male survivors of abuse were particularly difficult to recruit. Because there are more women than men in the sample it makes gender comparisons are more difficult.

Sixty per cent of participants were Caucasian (n=33), 13% were Asian (n =7), only 1% were Aboriginal (n=1), while 13% did not specify their ethnicity. It is common

'to find Caucasian respondents over-represented in much of the research on child abuse. Over 54% of the sample (n =30) had some university background or had an undergraduate degree and 4% (n = 2) had a doctoral degree. Approximately 12.7 % of the sample had a grade 10 –12 level of education (n =7). Thus, the sample included a large portion of highly educated individuals which may not be representative of the abused population in general. This was in part due to recruiting measures taken at the University of Alberta campus. However, other methods of recruitment were used to ensure as representative a sample as possible (e.g., television and newspaper advertisements which were expected to provide wider exposure of the need for research participants in this study).

A unique feature of this sample is that the participants do not have children. Very few studies that examined intergenerational abuse had samples of participants who were childless. For example, Egeland et al.'s (1987) longitudinal study began with young, pregnant women who became parents within three months. Other studies which measured past abuse and the interactions of support, psychological functioning, and perceived parenting behaviors were done with childless participants (Berger et al., 1988; De Paul et al., 1995: Nicholas & Bieber, 1994; Weissman – Wind & Silvern, 1994). Milner et al. (1990) have established norms for the CAP with university undergraduate students (who were presumed to be childless) the reliability coefficient in this case was r =.87.

Table 1 provides descriptive statistics (means and standard deviations) on severity of abuse variables, social supports variables, present psychological status variables

TABLE 1: MEAN, STANDARD DEVIATION, MINIMUM , AND MAXIMUM SCORES FOR HYPOTHESES 1a-c, 3 and 4

	MEAN	S.D.	MINIMUM	MAXIMUM	N
EMOTIONAL ABUSE, FATHER	4.67	1.18	2.00	6.79	51
EMOTIONAL ABUSE, MOTHER	4.76	1.27	1.05	6.68	52
PHYSICAL ABUSE, FATHER	7.08	.65	4.62	7.69	51
PHYSICAL ABUSE, MOTHER	6.90	1.06	3.36	7.69	54
SEXUAL ABUSE, FATHER	8.11	.75	4.50	8.5	51
SEXUAL ABUSE, MOTHER	7.68	.44	5.90	8.0	51
CARE BY MOTHER	15.29	8.12	0	31.00	55
OVERPROTECTION, MOTHER	19.71	9.46	0	37.00	55
CARE BY FATHER	11.90	8.24	0	31.00	51
OVERPROTECTION, FATHER	16.65	7.96	2.0	32.00	51
SUPPORTS, NUMBER	-	-	0	9.00	51
SUPPORTS, SATISFACTION	1.64	1.19	1	5.00	53
DEPRESSION	1.27	.93	0	3.77	55
HOSTILITY	.63	.80	0	3.67	55
CHILD ABUSE POTENTIAL	186.02	94.46	33.0	411.00	44

(hostility and depression), and the child abuse potential variable. Frequency distributions for the severity of sexual abuse variables (by both parents) indicate a skew towards lower scores (non-abusive to mildly abusive experiences). The frequency distribution for emotional abuse by mother also indicates a skew towards lower scores. However, the frequency distribution for emotional abuse by father indicates an approximate normal distribution. Frequency distributions for physical abuse (by both parents) show a skew towards lower scores as well. The frequency distribution of the results for child abuse potential indicate a multi-modal distribution which suggests that there is no particular pattern of responses. Forty-four respondents (80%) had child abuse scores which were used in the data analyses. Random response, 'faking good', and 'faking bad' scales were used as a means of excluding those participants whose results were inadmissible due to elevated scores on these scales. Child abuse scores cannot be accurately calculated when random response, 'faking good', and 'faking bad' scores are elevated.

Frequency distributions for care by mother and father, and overprotection by father indicate multi-modal distributions which suggests that there is no particular pattern of responses. The frequency distribution for overprotection by mother approximates a normal curve, while frequency distributions for both number of supports and satisfaction with supports suggests a skew towards fewer supports and less satisfaction with supports. Frequency distributions for hostility scores indicate a skew towards lower levels of hostility and multi-modal distribution for depression scores.

Tests Of Hypotheses

1a) *The more severe the abusive the experience, the greater the probability of child abuse potential.*

Results of the correlations between severity of abuse variables and the child abuse potential variable are reported in Table 2. As Table 2 indicates, severity of abuse is not positively correlated with child abuse potential as hypothesized. In fact, the only severity of abuse variable significantly correlated with abuse potential is sexual abuse by mother ($r = -.34$, $p = .02$). This means that those respondents who experienced more severe sexual abuse by their mothers scored lower on the child abuse potential scale. This may be because frequency distributions suggest that the majority of respondents have had less severe abusive experiences. Nevertheless, there is no statistical support for this hypothesis.

b) The more severe the abusive experience, the less likely the child abuse survivor will have positive social supports (e.g. positive attachment to both parents, and nature of support from significant others).

Results of the correlations between severity of abuse variables and social support variables (bond with parents and supports from significant others) are reported in Table 3. Only the result relating to satisfaction with supports from significant others and physical abuse by father supports this hypothesis ($r = -.32$, $p = .03$). This means that those who experienced more severe physical abuse by their fathers were less satisfied with support received from significant others. Given that the frequency distributions suggest that a majority of respondents had less severe experiences of abuse and less satisfaction with

TABLE 2: PEARSON CORRELATIONS FOR THE RELATIONSHIP BETWEEN SEVERITY OF ABUSE AND CHILD ABUSE POTENTIAL

SEVERITY OF ABUSE VARIABLES	CHILD ABUSE POTENTIAL	
	PEARSON r	p- value
Physical abuse mother	-.25	.10
Physical abuse father	-.12	.46
Emotional abuse mother	-.10	.53
Emotional abuse father	-.27	.10
Sexual abuse mother	-.34*	.02
Sexual abuse father	-.25	.12

* correlation is significant at the 0.05 level (2-tailed).

TABLE 3: PEARSON CORRELATIONS FOR THE RELATIONSHIP BETWEEN SEVERITY OF ABUSE AND SOCIAL SUPPORTS

SEVERITY OF ABUSE	SOCIAL SUPPORTS											
	SATISFACTION		NUMBER		CARE BY MOTHER		CARE BY FATHER		OVER-PROTECTION BY MOTHER		OVER-PROTECTION BY FATHER	
	r	p	r	p	r	p	r	p	r	p	r	p
PHYSICAL ABUSE, MOTHER	-.07	.63	.08	.60	.22	.11	-.15	.29	-.18	.19	-.03	.83
PHYSICAL ABUSE, FATHER	-.32*	.03	.18	.22	-.24	.11	.22	.13	-.07	.59	-.21	.14
EMOTIONAL ABUSE, MOTHER	.03	.86	.32*	.03	.64**	00	.10	.49	-.29*	.04	-.16	.27
EMOTIONAL ABUSE, FATHER	-.02	.90	.58**	.00	.19	.18	.72**	.00	.09	.52	-.46**	.00
SEXUAL ABUSE, MOTHER	.16	.27	.31	.03	.33*	.01	-.05	.73	-.09	.50	.07	.63
SEXUAL ABUSE, FATHER	.01	.90	.14	.33	.28*	.04	.08	.57	.09	.54	.03	.86

* Correlation is significant at the 0.05 level (2- tailed)
** Correlation is significant at the 0.01 level (2- tailed)

supports, this result is significant.

Results also indicate a positive correlation between the number of social supports and emotional abuse by both father and mother ($r = .58$, $p = .00$, and $p = .32$, $p = .03$ respectively) and sexual abuse by mother ($r = .31$, $p = .03$). These results refute the hypothesis. These results suggest that those who experienced more severe forms of emotional abuse (by both parents) and sexual abuse by mother were more satisfied with support received from significant others.

Table 3 also indicates that overprotection by mother is negatively correlated with emotional abuse by mother ($r = -.29$, $p = .04$) and overprotection by father is negatively correlated with emotional abuse by father ($r = -.46$, $p = .00$). Since higher scores on the overprotection scale indicate poor bonding (or lower bonding) it would be expected that overprotection scores would be positively correlated with severity of abuse experienced. Therefore, respondents who experienced more severe emotional abuse by mother experienced less overprotection by mother. And, respondents who experienced more severe emotional abuse by father experienced less overprotection by father. These results do not support the hypotheses.

In addition, care by mother is positively correlated with emotional abuse by mother ($r = .64$, $p = .00$) and sexual abuse by mother and father ($r = .28$, $p = .04$, and $r = .33$, $p = .01$ respectively). These results indicate that as severity of emotional abuse by mother increased, and as severity of sexual abuse by both parents increased, care by mother increased. Also statistically significant was the relationship between emotional abuse by father and care by father ($r = .72$, $p = .00$). This means that as the respondent

experienced more severe emotional abuse by father, care by father also increased. These results refute researchers' claims that the lower the severity of child abuse experienced the more positive the bond between a child and his or her parents and the better the social supports received from significant others.

c) *The more severe the abusive experience, the higher the levels of psychological dysfunction (as measured by hostility and depression scores).*

Correlations between the severity of abuse variables and psychological status are presented in Table 4. Results indicate that hostility is significantly correlated with severity of abuse. Physical abuse by father (r = - .38, p= .00) and by mother (r = -.35, p= .01) and sexual abuse by mother (r = -.32, p= .02) are correlated negatively with hostility. These results mean that those respondents who experienced more severe physical abuse by father and mother and more severe sexual abuse by mother had low hostility scores. Depression was correlated negatively with severity of sexual abuse by mother (r = -.32, p= .00) which means the more severe the sexual abuse by mother the lower depression scores. These results do not support the hypothesis and researchers' claims that the more severe the abusive experiences the higher the levels of psychological dysfunction.

2a) Male child abuse survivors have a higher potential to abuse their children than do female child abuse survivors.

Table 5 provides the means and T-tests for gender differences in severity of abuse variables, social support variables, present psychological status variables (hostility and depression), and child abuse potential variable. Results of the independent samples T-tests for gender and

TABLE 4: PEARSON CORRELATIONS FOR THE REALTIONSHIP BETWEEN

SEVERITY OF ABUSE AND CURRENT PSYCHOLOGICAL STATUS

SEVERITY OF ABUSE	PSYCHOLOGCIAL STATUS			
	DEPRESSION		HOSTILITY	
	Pearson r	p-value	Pearson r	p-value
Physical abuse by mother	-.22	.10	-.35**	.01
Physical abuse by father	-.01	.97	-.38**	.01
Emotional abuse by mother	-.02	.89	-.02	.88
Emotional abuse by father	-.10	.48	-.18	.20
Sexual abuse by mother	-.40**	.00	-.32**	.02
Sexual abuse by father	-.24	.09	-.02	.87

** Correlation is significant at the 0.01 level (2-tailed).

TABLE 5 : MEANS AND STANDARD DEVIATIONS
FOR HYPOTHESES 2 a- c

		MEAN	S.D	N
CHILD ABUSE POTENTIAL	MALES	172.18	101.92	17
	FEMALES	194.74	90.34	27
SOCIAL SUPPORT, NUM	MALES	1.67	1.22	18
	FEMALES	1.62	1.20	33
SOCIAL SUPPORT, SAT	MALES	-	-	19
	FEMALES	-	-	34
CARE BY MOTHER	MALES	16.52	6.51	21
	FEMALES	14.53	8.98	34
OVERPROTECT, MOTHER	MALES	19.24	6.39	21
	FEMALES	20.00	11.02	34
CARE BY FATHER	MALES	8.79	1.96	20
	FEMALES	8.01	1.44	31
OVERPROTECT, FATHER	MALES	16.80	7.76	20
	FEMALES	16.55	8.22	31
DEPRESSION	MALES	1.08	.84	21
	FEMALES	1.38	.98	34
HOSTILITY	MALES	.74	.84	21
	FEMALES	.56	.79	34

child abuse potential are presented in Table 6. These results indicate that gender does not influence child abuse potential. Since Milner (Kaufman & Walker, 1984) has previously established high correlation with elevated potential to abuse scores and actual abusing behaviors, this finding refutes some researchers' claims that there are gender differences in perpetration rates of child abuse survivors (Federal- Provincial Working Group on Child and Family Services Information, 1994; Gil, 1970). Instead it this supports other researchers who claim that there are no gender differences in perpetration rates (e.g., Ghent et al, 1985).

b) Male child abuse survivors will have fewer social supports (e.g., positive attachments to parents and the nature of supports from significant others) than female child abuse survivors.

Results of independent samples t-tests for gender differences on the social support variables are presented in Table 7. Results indicate that the above hypothesis is not supported; gender does not have an influence on social supports received. The results also refute researchers' claims that there are gender differences in the nature and quality of social support received.

c) Male child abuse survivors will report higher levels of psychological dysfunction than female child abuse survivors.

Results of independent samples T-tests for gender and psychological state are presented in Table 8. Gender does not have an impact on the psychological status of respondents so the above hypothesis is not supported. This also contradicts prior research which suggests that there are gender differences in level of psychological functioning (Trickett, 1993).

TABLE 6: INDEPENDENT SAMPLES T-TEST FOR GENDER

AND CHILD ABUSE POTENTIAL

T-test for Equality of Means					
	T-value	Degrees of freedom	Significance (2- tailed)	95% confidence	
				lower	upper
CHILD ABUSE POTENTIAL INVENTORY	-.77	42	.45	-81.9	36.74

TABLE 7: INDEPENDENT SAMPLES T-TEST FOR GENDER AND CURRENT SOCIAL SUPPORTS

T-test for Equality of Means					
SOCIAL SUPPORTS	T-value	Degrees of freedom	Significance (2- tailed)	95% confidence	
				lower	upper
SATISFACTION	.55	51	.58	-	-
NUMBER	.14	49	.89	-.66	-.76
CARE BY MOTHER	.88	53	.38	-2.54	6.52
OVERPROTECTION BY MOTHER	-.17	49	.86	-5.21	4.38
CARE BY FATHER	-.29	53	.78	-6.07	4.55
OVERPROTECTION BY FATHER	.11	49	.25	-4.38	4.89

TABLE 8: INDEPENDENT SAMPLES T-TEST FOR GENDER

AND CURRENT PSYCHOLOGICAL STATUS

T-test for Equality of Means					
PSYCHOLOGICAL STATUS	T- value	Degrees of freedom	Significance (2-tailed)	95% Confidence	
				lower	upper
DEPRESSION	-1.16	53	.25	-.81	.21
HOSTILITY	.79	53	.43	-.27	.63

3) The lower the level of psychological functioning the greater the potential to abuse one's child.

Results of the correlations between psychological functioning and child abuse potential are presented in Table 9. Results indicate that both hostility ($r = .57$, $p = .00$) and depression ($r = .61$, $p = .00$) are positively correlated with child abuse potential. This indicates that those respondents who reported higher levels of hostility and depression scored higher on child abuse and these results supports the above hypothesis.

4) The more social supports reported (positive bond with parents and the nature of supports from significant others) the lower the potential to abuse.

Results of the correlations between social support variables and the child abuse potential variable are presented in Table 10. These results suggest that none of the support variables are correlated with child abuse potential.

TABLE 9: PEARSON CORRELATIONS FOR THE RELATIONSHIP

BETWEEN CURRENT PSYCHOLOGICAL STATUS AND CHILD ABUSE POTENTIAL

PSYCHOLOGICAL STATUS	CHILD ABUSE POTENTIAL	
	PEARSON r	p-value
HOSTILITY	.57**	.00
DEPRESSION	.61**	.00
** Correlation is significant at the 0.01 level (2-tailed)		

TABLE 10: PEARSON CORRELATIONS FOR THE RELATIONSHIP BETWEEN SOCIAL SUPPORTS AND CHILD ABUSE POTENTIAL

SOCIAL SUPPORTS	CHILD ABUSE POTENTIAL	
	PEARSON r	P-value
NUMBER	-.27	.09
SATISFACTION	-.25	.11
CARE BY MOTHER	-.13	.42
OVERPROTECTION BY MOTHER	.09	.57

DISCUSSION AND IMPLICATIONS

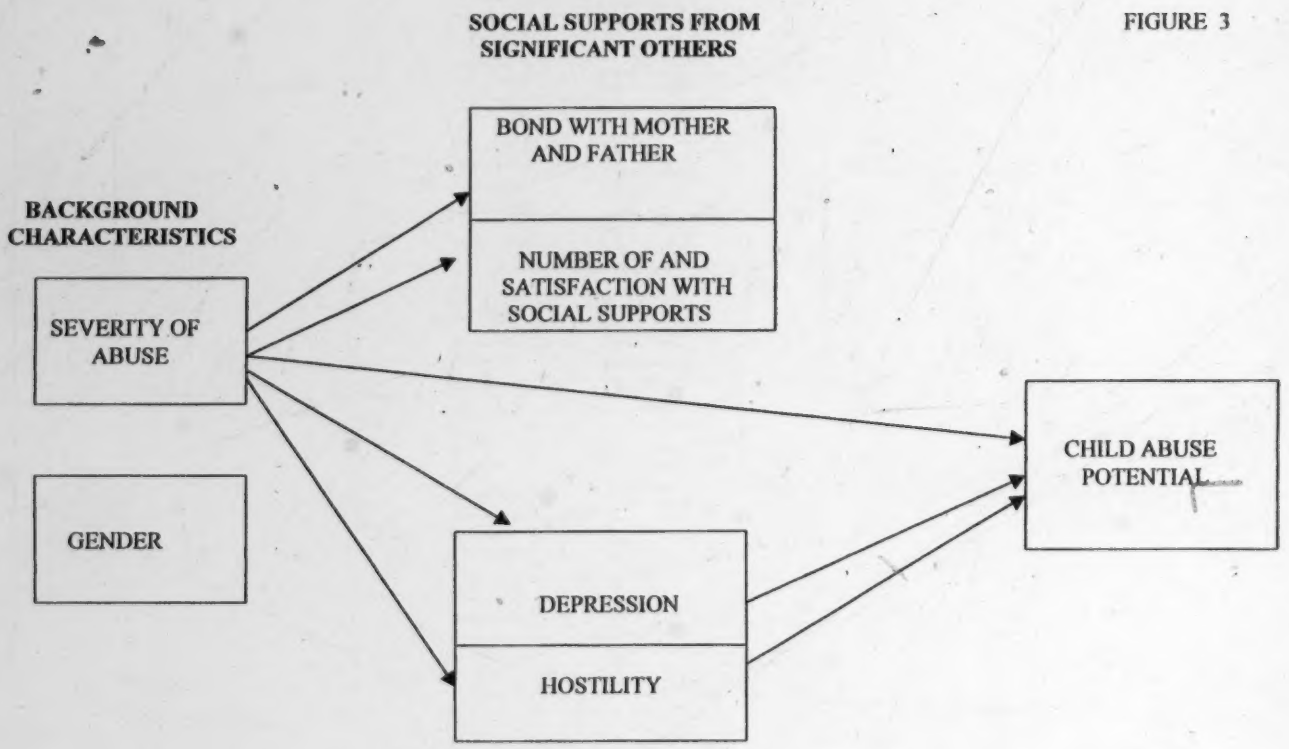
Does gender or severity of abusive experience play a role in determining who will and who will not continue the 'cycle of abuse'? What other factors determine whether childhood abuse survivors will abuse their own children? These are the questions asked in this study.

Only significant findings are illustrated in the reduced model depicted in Figure 3. The main hypothesis, that those who were more severely abused would be more likely to go on to abuse their own children, was not supported. Relationships between variables measuring severity of abuse and child abuse potential were not statistically significant. One possibility for this occurrence is that there is no link between history of abuse and the potential to abuse one's own children which supports a number of researchers' claims. For example, Kaufman and Zigler (1987) and Oliver (1993) maintain that the rate of intergenerational transmission of abuse is 30% in contrast to previous findings and assertions about the inevitability of abusive behaviors from adults previously abused. This implies that those who were abused as children are not destined to repeat the cycle of abuse and that future generations are likely to lead healthy and happy lives. This interpretation is, indeed, positive and indicates hope for the future.

However, another interpretation arises from the fact that the EASE-PI, which was used to measure abusive experiences, is a new instrument with as yet unverified reliability and validity. Perhaps no relationship between severity of abuse and abuse potential was found because the EASE-PI does not accurately measure severity of child abuse experiences. In this case more time needs to elapse for further psychometric

REDUCED MODEL

FIGURE 3



findings to emerge. Or the sample itself may have included too many of those who were not severely abused. As the of distribution of scores reveals, the number of those who experienced more severe experiences of abuse is low. It is possible that those who volunteered had come to terms with their violent childhood episodes and may thus no longer view these experiences as abusive. It is also possible that the sample is more representative of the general population than it is of an abused population. Participants' determination that abusive, violent behavior is normal behavior, or denial of their earlier experiences may also be attributed to viewing the behaviors targeted in the EASE-PI abuse subscales as everyday occurrences. In addition, this study asked participants to recall experiences from their childhood which dated back as much as 30 years. Their recall may not be accurate. Those experiences which may, at the time of occurrence, have been perceived as highly abusive may come to seem less abusive because details have been lost or even repressed.

However, Straus and colleagues (1988) and Kaufman & Zigler (1987) suggest that severity of abusive experiences does have an important influence in determining who continues the cycle. In determining the path of childhood abuse to parental abuse of children, severity of abuse for this sample may not be as significant a factor as in other samples in previous literature. Another prospect is that the nature of the sample itself resulted in the failure to detect any relationship between severity of abuse and child abuse potential. For example, those participants who were older and had more schooling may have been better able to deal with their experiences of abuse because they have more life

experience and/or more personal resources. They also may have had more time elapse since their abusive experiences and therefore be less able to remember details.

Also as indicated by the reduced model, only some of the severity of abuse variables are correlated significantly to social supports. However, the only significant relationship which supported the hypothesis was the correlation between satisfaction with social supports and physical abuse by father. When a child is being abused, satisfaction with supports from significant others is reduced. All other significant correlations did not support this hypothesis. What was also meaningful were the results which indicated that number of supports was correlated positively, and significantly, with emotional abuse by both parents and sexual abuse by mother. It is a possibility that respondents who reported these forms of abuse and reported higher numbers of supports may have looked to others to escape the abusive experiences or looked to others for supports they were not receiving from parents.

Results for correlations between number and quality of social supports and child abuse potential did not reveal any statistically significant findings. Results did not support the expectation that abusive experiences would impact quality of parental bond negatively, and this quality of bonding would in turn affect child abuse potential. It is possible that only the most severe experiences of child abuse have an impact on social supports received and child abuse potential. Since most respondents reported less severe experiences, the impact more severe experiences might have on social supports and child abuse potential could not be detected. In addition, the social support variables were measured according to respondents' recollection of the occurrence in their childhood and

early adolescence. It would have been interesting to explore how current social supports ameliorate both past abusive experiences and child abuse potential.

It was also found that severity of abuse did not have the predicted relationship with psychological status variables. It was expected that the more severe the abusive experience the more depressed and/or hostile the abuse survivor would be. Results indicated the opposite, that the more severe the abuse experienced the lower the current psychological dysfunction. In addition , the frequency distributions suggested that only a few people experienced more severe forms of abuse in childhood and that relatively few adults felt depression or hostility in their daily lives. This may simply indicate that respondents who were less severely abused also were less depressed and hostile. It is also plausible that this finding indicates that those who had early abusive experiences may have coped and dealt with issues surrounding abuse and, therefore, report lower levels of current depression and hostility.

Of particular import, these results showed that depression and hostility scores were positively correlated with child abuse potential scores. In other words, the more depressed and/or hostile the respondents were the more likely they were to abuse their own children. This is also noteworthy because of the large number of respondents who reported low levels of hostility and depression. The relationship between these variables was quite strong which leads to the conclusion that present levels of hostility and depression are strong predictors of the potential to abuse children. It would be interesting to investigate whether providing resources, such as social supports (both formal and informal), would reduce the likelihood of depression and hostility in people who are at

risk for child abusive behaviors. While this question was not tested in this study, the results from this study indicate that this relationship warrants further investigation.

The other main hypothesis, which tested whether males were more likely to abuse their children than were females, was not supported. In fact, gender had no significant relationship with any of the variables being tested. Research to date has been inconclusive in regard to gender differences and perpetration rates (Gelles, 1989; Gil, 1970; and Sack et al., 1985). Thus, the results of this study show support for those who suggest that gender does not determine who is more likely to abuse their children. It was also presupposed that strong gender differences would suggest that educational programs would need to be changed accordingly to make them better meet the needs of both men and women. The results suggest that present educational programs and workshops do not require format changes to be suitable for men.

The main finding of relevance to educational programs and future research is that those who do not cope/are not able to cope now (those who are experiencing hostility and depression) are at risk of abusing their children. Targeting social support resources to those at risk for abusing their children because of higher levels of hostility and depression is an important preventative measure investment. It is therefore critical to focus on resource outreach for those who experienced abuse in childhood and are experiencing less than optimal mental health. This research did not support focussing on the severity of the abuse or gender differences in determining who is at risk of abusing their children. What future research should examine are populations of abusing parents who do not have a history of abuse and see what factors were related to their potential for abuse. More

specifically, what factors in their lives mediate their levels of hostility and depression? Very few researchers have focussed on how the current psychological state of individuals might decrease child abuse potential rather, the focus has been on past experiences related to abuse.

REFERENCES

Bagley, C., & King, K. (1990) Child sexual abuse: the search for healing. New York, NY: Tavistock/Routledge.

Belsky, J. (1980). Child maltreatment: an ecological integration. American Psychologist, 35, (4), 320-335.

Belsky, J. (1984). The determinants of parenting: a process model. Child Development, 55, 83-96.

Belsky, J. & Vondra, J. (1989) Lessons from child abuse: the determinants of parenting. In D. Cicchetti & V. Carlson (Eds.), Theory and research on the causes and consequences of child abuse and neglect. (pp. 153-202). Cambridge: Cambridge University Press.

Berger, A., Knutson, J., Mehm, J., & Perkins, K. (1988). The self-report of punitive childhood experiences of young adults and adolescents. Child Abuse and Neglect, 12, 251-262.

Bowlby, J. (1969). Attachment and loss Vol. 1: Attachment. New York: Basic Books.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: a review of the research. Psychological Bulletin, 99, 66-77.

Bruckner, D.F., & Johnson, P.E. (1987). Treatment for adult male victims of childhood sexual abuse. Social Casework, 68, 81-87.

Burgess, & Youngblade, (1988) Social incompetence and the intergenerational transmission of abusive parental practices. In G. Hotaling, D. Finkelhor, J. Kirkpatrick, &

M. Straus (Eds.), Family abuse and it's consequences. (pp. 38-60). Beverly Hills: Sage.

Canadian Centre for Justice Statistics (May 1991). Juristat Service Bulletin, 11, (8),1-13.

Cappel, C. & Heiner, R. (1990). The intergenerational transmission of family aggression. Journal of Family Violence, 5, (2), 135-152.

De Paul, J., Milner, J., & Mugica, P. (1995). Childhood maltreatment, childhood social support, and child abuse potential in a Basque sample. Child Abuse and Neglect, 19, 907-920.

Derogatis, L.R. (1983). SCL-90-R Administration, scoring, and procedures manual -II. Towson, MD: Clinical Psychometric Research.

Derogatis, L.R. (1989). Description and bibliography for the SCL-90-R and other instruments of the psychopathology rating series. Riderwood, MD: Clinical Psychometric Research, Inc.

Egeland, B. (1991). A longitudinal study of high risk families: issues and findings. In R.H. Starr, & D. Wolfe (Eds.). The effects of child abuse and neglect- issues and research. (pp 33- 56). New York: Guildford Press.

Egeland, B., & Faber, E.A. (1984). Infant- mother attachment: Factors related to its development and change over time. Child Development, 55, 753-771.

Egeland, B., Jacobvitz, D., & Papatola, K. (1987). Intergenerational continuity of abuse. In R.J. Gelles & J.B. Lancaster (Eds.), Child abuse and neglect: biosocial dimensions. (pp.255-276). New York, N.Y.: Aldine De Gruyter.

Elmer, E. (1980). A follow-up study of traumatized children. In Joanne V. Cook,

& Roy T. Bowles (Eds.). Child abuse: commission and omission. (pp.423-433). Toronto, ON: Butterworth and Co.

Federal-Provincial Working Group on Child and Family Services Information (1994). Child welfare in Canada: the role of provincial and territorial authorities in cases of child abuse.

Ottawa, ON: National Clearinghouse on Family Violence, Health Canada.

Fraenkel, J.R., & Wallen, N.E. (1996). How to design and evaluate research in education. (3rd ed.). Toronto, ON: McGraw-Hill.

Frankel-Howard, D. (1989). Family violence: a review of theoretical and clinical literature. ON: Minister of National Health and Welfare Canada.

Freeman-Longo, R. E. (1986). The impact of sexual victimization on males. Child Abuse and Neglect, 10, 411-414.

Gelles, R. (1989). Child abuse and violence in single parent families: Parent absence and economic deprivation. American Journal of Orthopsychiatry, 59(4), 492-501.

Gil, D. (1970). Violence against children: Physical child abuse in the United States. Cambridge, Massachusetts: Harvard University Press.

Green, A.H. (1979). Child abusing fathers. Journal of American Academy of Child Psychiatry, 18, 270-282.

Gold, S. (1991).History of child sexual abuse and adult sexual fantasies. Violence and Victims, 6, 75-83.

Herrenkohl, E., Herrenkohl, R., & Toedler, L. (1983). Perspectives on intergenerational transmission of abuse. In D. Finkelhor, R. Gelles, G. Hotaling, & M.

Straus (Eds.), The dark side of families. (pp. 305-316). Beverly Hills, CA: Sage.

Hulme, P., & Grove, S. (1994). Symptoms of female survivors of child sexual abuse.Issues in Mental Health Nursing, 15, 519- 532.

Hunter, R. S., & Kilstrom, N. (1979) Breaking the cycle in abusive families. American Journal of Psychiatry 136, 1320-1322.

Kaplan, S., & Pinner, E. (1996). Physical and sexual abuse mental disturbances in children. In C.R. Pfeffer (Ed.), Severe stress and mental disturbance in children. (pp. 393-410). Washington: American Psychiatric Press.

Kaufman, K.L., & Walker, C.E. (1984). The child abuse potential inventory. In D. Keyser and R. Sweetland (Eds.), Test Critiques, Volume 5. (pp. 55-64). Kansas City, MO: Test Corporation Of America.

Kaufman, J., & Zigler, E. (1987). Do abused children become abusive parents? American Journal of Orthopsychiatry, 57(2), 186-193.

Kaufman, J., & Zigler, E. (1989). The intergenerational transmission of child abuse. In D. Cicchetti & V. Carlson (Eds.), Theory and research on the causes and consequences of child abuse and neglect. (pp. 129-150). Cambridge: Cambridge University Press.

Kempe, C., Silverman, F., Steele, B., Droegmueller, W., & Silver H. (1962). The battered child syndrome. Journal of American Medical Association 181(1), 17- 24.

Litty, C., Kowalski, R., & Minor, S. (1996).Moderating effects of physical abuse and perceived social support on the potential to abuse. Child Abuse and Neglect, 20, 305-314.

Martin, H.P., & Beezley, P. (1980). Behavioral observations of abused children. In Joanne V. Cook, & Roy T. Bowles (Eds.). Child abuse: commission and omission. (pp.435-451). Toronto, ON: Butterworth and Company.

Martin, J., & Coontz, P. (1987). Gender differences in disciplinary practices of publicly identified abusive parents. Paper presented at Third National Family Violence Research Conference. Durham, NH.

Milner, J., & Wimberely, R. (1979). An inventory for the identification of child abusers. Journal of Clinical Psychology, 41, 639- 643.

Milner, J., Robertson, K., & Rogers, D. (1990). Childhood history of abuse and adult child abuse potential. Journal of Family Violence, 5, 15-34.

Nicholas, K., & Bieber, S. (1994). Perceptions of mothers' and fathers' abusive and supportive behaviors. Child Abuse and Neglect, 18, 167-178.

Nicholas, K., & Bieber, S. (1997). Assessment of perceived parenting behaviors: the exposure to abusive and supportive environments parenting inventory (EASE-PI). Journal of Family Violence, 12, 275-291.

Oliver, J.E. (1993). Intergenerational transmission of child abuse: rates, research, and clinical implications. American Journal of Psychiatry, 150:9, 1315-1324.

Oliver, J.E., & Taylor, A. (1971). Five generations of ill-treated children in one family pedigree. British Journal of Psychiatry, 119, 473-480.

Parker, G. (1989).The parental bonding instrument: psychometric properties reviewed. Psychiatric Developments, 7, 317- 335.

Parker, G., Tupling, H., & Brown, L. (1979). A parental bonding instrument.

British Journal of Medical Psychology, 52, 1-10.

Sack, W., Mason, R., & Higgins, J. (1985). The single parent family and abusive child punishment. American Journal of Orthopsychiatry, 252-261.

Sarason, I.G., Levine, H.M., Basham, R.B., & Sarason, B.R. (1983). Assessing social support: the social support questionnaire. Journal of Personality and Social Psychology, 44, 127-139.

Sarason, I.G., Sarason, B.R., Shearin, E.N., & Pierce, G.R. (1987). A brief measure of social support: practical and theoretical implications. Journal of Social and Personal Relationships, 4, 497- 510.

Silverman, R., & Kennedy, L. (1993). Deadly deeds: Murder in Canada, Scarborough, ON: Nelson Canada.(pp. 67-70).

Smith, S.M., & Hanson, R. (1980). Interpersonal relationships and child-rearing practices in 214 parents of battered children. In Joanne V. Cook, & Roy T. Bowles (Eds.). Child abuse: commission and omission. (pp. 235-253). Toronto, ON: Butterworth.

Sontag, M. M., & Bubolz, S. M., (1993). Human ecology theory. In P. Boss, W. Doherty, R. La Rossa, W. Schumm, & S. Steinmetz (Eds.). (pp. 319- 348). Sourcebook of family theories and methods. New York: Plenum Press.

Spinetta, J., & Rigler, D. (1972).The child abusing parent: a psychological review. Psychological Bulletin, 77, 296-304.

Steele, B.F., & Pollock, C.B. (1968). A psychiatric study of parents who abuse infants and small children. In R. Helfer & C.H. Kempe (Eds.) The battered child. (pp. 103-147). Chicago, IL: The University of Chicago Press.

Straus, M., Gelles, R., & Steinmetz, S. (1988). Behind closed doors: violence in the American family, Garden City, NY: Anchor Press/ Doubleday.

Trickett, P. (1993). Maladaptive development of school aged, physically abused children: relationships with the child rearing context. Journal of Family Psychology, 17, (1), 134-147.

Trocme, N., Mc Phee, D.,Tam, K.K., & Hay, T. (1994). Ontario incidence study of reported child abuse and neglect, Toronto: The Institute for the Prevention of Child Abuse.

Vander Mey, B.J. (1989). The sexual victimization of male children: a review of previous research. Child Abuse and Neglect, 12, 61-72.

Violato, C., & Genuis, M. (1993). Factors which differentiate sexually abused from non-abused males: an exploratory study. Psychological Reports, 72, 767-770.

Weissman-Wind, T., & Silvern, L. (1994). Parenting and family stress as mediators of the long-term effects of child abuse. Child Abuse and Neglect, 18, 439-453.

Zigler, E., Rubin, N., & Kaufman, J. (1988). Do abused children become abusive parents? Parents, May, 100-104, 106.

Appendix A
Advertisement For Television and Newspaper

How were you parented?

Researchers at the University of Alberta are looking for people who are interested in volunteering for a study on parenting styles. We are interested in finding out how the various ways in which people were raised influence the likelihood that they will become parents themselves. If you are between 18 and 35 and do Not have children, please consider participating in this study. Phone Ali at 492-5141 for more information. All inquiries are completely confidential.

Appendix B

Men and Women Needed
for Research Study on
Childhood Maltreatment and Parenting

If you:

- **are between 18 and 35**
- **were abused or neglected as a child**
- **do NOT have children**

Please consider volunteering to participate in our study!

Researchers at the University of Alberta are conducting a study on parenting. We want to find out how the different ways people were parented influences their desire to have children, their attitudes and beliefs about children, and their beliefs about the way they might parent if they had their own children. We wish to include people with different kinds of parenting experiences in our study and need individuals who were maltreated or abused during childhood. Your participation will take about 1- 1.5 hours of your time.

If you would like more information, or would be willing to participate,

call Ali 492- 5141

Appendix B

WHAT KIND OF CHILDHOOD DID YOU HAVE?

Did you have great parents

or

Did you have parents who neglected or abused you?

Please consider volunteering to participate in our study!

Researchers in the Department of Human Ecology at the University of Alberta are conducting a study on parenting styles. We want to find out how the different ways people are parented influences their desire to have children, their attitudes and beliefs about children, and their beliefs about the way they might parent if they had their own children. We wish to include people with different kinds of parenting experiences in our study.

If you are between 18 and 35 and do NOT have children, please consider participating in our study. If you would like more information

Call Ali 492-5141

APPENDIX C

Date

A. Lucas, BA
Human Ecology
3-43 Assiniboia Hall
University of Alberta
Edmonton, Alberta
T6G 2E7

Address of Recipient

Dear Sir or Madam;

I am a graduate student in the Department of Human Ecology at the University of Alberta. I am in the process of recruiting participants for a study on parenting styles. I am interested in investigating how parenting experiences during childhood influence a person's decision to parent and how these experiences affect their future parenting styles and attitudes. In order for me to be able to reach a wide variety of people and a wide variety of experiences I am asking for permission to put up some posters around your facility. I have included a copy of the poster.

This study has received ethics approval through the Human Ethics Review Committee in the Faculty of Agriculture, Forestry, and Home Economics. Confidentiality and anonymity of participants has been ensured. If you would like more information about the study, or would be willing to allow me to put up some posters, please call me at 492-5141 or Dr. Berna Skrypnek at 492-0192.

Thank you in advance for your time and consideration.

Alice Lucas, BA, MSc candidate

Appendix D
Exposure to Abusive and Supportive Environments -Parenting Inventory

The following are some of the ways parents interact with their children. On the positive side of parent-child relationships, there are many things that parents do to encourage their children and to show their affection. In addition to typical ways parents discipline or teach children and the effects these techniques have, included are ways that represent just how very frustrated and angry parents sometimes get with their children.

Please rate each of the following as to how frequently each activity occurred in your relationship with your mother and with your father. Put a circle around the number above the word that best represents how often each activity occurred.

1. Your parent comforted you when you were hurt

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

2. Your parent broke or smashed objects near you when angry with you.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

3. Made you feel vulnerable or likely to be hurt.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

4. Settled family disputes fairly.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

5. Let you "grow up" at your own speed.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

6. Insulted or swore at you.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

7. Threw things at you.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

8. Made you feel stupid when you didn't understand something.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

9. Let you feel you were in control of your own life.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

10. Allowed you to explore your own beliefs.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

11. Pulled your hair.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

12. Believed in you.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

13. Did things that let you know he or she loved you.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

14. Was physically affectionate.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

15. Pushed, grabbed, or shoved you.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

16. Made sexual comments to you that made you feel uncomfortable.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

17. Practiced what he or she preached.

Mother

1	2	3	4	5
very often	often	sometimes	rarely	never

Father

1	2	3	4	5
very often	often	sometimes	rarely	never

18. Deliberately scratched you.

Mother

1 2 3 4 5
very often often sometimes rarely never

Father

1 2 3 4 5
very often often sometimes rarely never

19. Helped you when you were in trouble.

Mother

1 2 3 4 5
very often often sometimes rarely never

Father

1 2 3 4 5
very often often sometimes rarely never

20. Told you that he or she loved you.

Mother

1 2 3 4 5
very often often sometimes rarely never

Father

1 2 3 4 5
very often often sometimes rarely never

21. Liked to spend time with you.

Mother

1 2 3 4 5
very often often sometimes rarely never

Father

1 2 3 4 5
very often often sometimes rarely never

22. Treated you like the "black sheep"of the family.*

Mother

1 2 3 4 5
very often often sometimes rarely never

Father

1 2 3 4 5
very often often sometimes rarely never

23. Hit you.

Mother

1 2 3 4 5
very often often sometimes rarely never

Father

1 2 3 4 5
very often often sometimes rarely never

24. Hit you with objects.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

25. Beat you up.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

26. Made you want revenge.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

27. Helped you overcome the bad times.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

28. Choked you.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

29. Provided a good example.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

30. Was fair in providing things for you.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

31. Allowed you to be as independent or as free as you needed to be.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

32. Kicked you.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

33. Belittled or made fun of your sexual development during your teenage years.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

34. Said he or she hated you.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

35. Touched you sexually.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

36. Taught you good values.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

37. Belittled or made fun of your masculinity or femininity.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

38. Threatened to hurt you.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

39. Said things to make you feel good.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

40. Was there for you to confide in.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

41. Ridiculed your feelings.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

42. Was unclothed or revealed more than you were comfortable with.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

43. Belittled or made fun of your physical appearance.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

44. Ignored you for extended periods of time.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

45. Made statements such as "I wish you had never been born".*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

46. Respected your individuality (uniqueness, differentness).

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

47. Respected your feelings.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

48. Crawled into your bed at night and was physically closer than was comfortable for you.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

49. Made you feel that what you had to say was valuable or worthwhile.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

50. Provided a comfortable environment to live in.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

51. Made you feel worthless.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

52. Made you feel as if you were a bad person.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

53. Seemed sexually seductive at times.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

54. Respected your decisions.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

55. Was able to talk to you about sensitive issues (such as sex, drugs, etc.).

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

56. Ridiculed or made fun of your beliefs.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

57. Criticized you or humiliated you in front of others.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

58. Was cold or rejecting.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

59. Forced you or encouraged you to perform sexual acts (not including intercourse).**

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

60. Let you know that your brothers or sisters were loved more than you were.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

61. Hugged you or held you in a way that seemed too sexual.*

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

62. Threatened to kill you.**

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

63. Threatened you with a weapon (such as a knife or gun).**

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

64. Used a weapon on you (such as a gun or knife).**

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

65. Had vaginal, anal, or oral sex with you.**

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

66. Made you feel terrible when you made a mistake.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

67. Let you do activities that most of the other kids were doing.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

68. Was flexible about rules or limits (for example let you stay out later on special nights, etc.).

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

69. Made you feel that his or her love was conditional (was there only if you did, or was, what he or she wanted).

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

70. Supported you emotionally.

Mother					Father				
1	2	3	4	5	1	2	3	4	5
very often	often	sometimes	rarely	never	very often	often	sometimes	rarely	never

Appendix F

Social Support Questionnaire (Short Form)

SSQSR

INSTRUCTIONS:

The following questions ask about people in your environment, before the age of 13, who provided you with help or support. Each question has two parts. For the first part, list all the people you knew, excluding yourself, whom you could count on for help or support in the manner described. Give the persons' initials, their relationship to you (see example). Do not list more than one person next to each of the numbers beneath the question.

For the second part, circle how satisfied you were with the overall support you had.

If you have had no support for a question, check the words "No one", but still rate your level of satisfaction. Do not list more than nine persons per question.

Please answer all the questions as best you can. All your responses will be kept confidential.

EXAMPLE:

Who did you know whom you could trust with information that could get you in trouble?

No one	1)	T. N. (brother)	4)	T. N. (father)	7)
	2)	L. M. (friend)	5)	L. M. (employer)	8)
	3)	R. S. (friend)	6)		9)

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied

1. Before the age of 13, whom could you really count on to be dependable when you needed help?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

2. How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied

3. Before the age of 13, whom could you really count on to help you feel more relaxed when you were under pressure or tense?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

4. How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied

5. Before the age of 13, who accepted you totally, including both your worst and your best points?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

6. How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied

7. Before the age of 13, whom could you really count on to care about you, regardless of what was happening to you?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

8. How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied

9. Before the age of 13, whom could you really count on to help you feel better when you were feeling generally down-in-the-dumps?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

10. How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied

11. Before the age of 13, whom could you count on to console you when you were very upset?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

12. How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied

Appendix G

This appendix is not included because copyright privileges were not granted.

APPENDIX H

This appendix is not included because copying privileges were not granted.

11. Did religion play a role in your family while you were growing up?

___ Yes → How important a role would you say religion played in your family while you were growing up? (check one)

___ extremely important
___ very important
___ moderately important → What was your religious affiliation while you were growing up?
___ somewhat important
___ not at all important

_____

___ No

12. Do you have a religious faith or spiritual involvement that plays a role in your life today?

___Yes → Identify affiliation or describe faith _____

___No

13. What ethnic or racial group do you identify with? _____

14. Are you currently in a relationship?

___ Yes →
___ No →

15. What is your current marital status? (check one)

___ single, never married
___ married
___ cohabitating/common law
___ separated
___ divorced
___ widowed

16. What is the highest level of schooling you have? (check one)

___ grade 6 or less
___ grade 7-9
___ grade 10-12
___ technical/trade school certificate
___ some college/college diploma
___ some university
___ bachelor's degree
___ master's degree
___ doctoral degree
___ professional degree (P.Eng., LLB, MD)
___ other, specify _____

17. Are you currently? (check **ALL** that apply)

___ employed full-time
___ employed part-time
___ full-time student
___ part-time student
___ unemployed, not looking for work
___ unemployed, looking for work
___ other, please specify _____

18. Do you plan on becoming a parent? (**Circle** the number that best corresponds to how you feel.)

1	2	3	4	5
definitely will **NOT**	probably will **NOT**	unsure/ don't know	probably will	definitely will

Thank you very much for your participation!

Appendix J

STUDY INFORMATION SHEET

Title of Project: Childhood Experiences and Attitudes and Beliefs about Parenting

Investigators: Dr. Berna Skrypnek, Ph.D. (492- 0192)
Alice Lucas, B.A. (492- 5141)

Purpose: To investigate how childhood experiences of being parented influence men's and women's desires to become a parent and their attitudes and beliefs about children and parenting.

Procedure: The study involves one session in which you are asked to complete a set of eight questionnaires about your:

- childhood relationships with mother and father;
- experience of childhood abuse;
- sources of social support during childhood;
- self-concept;
- attitudes and beliefs about children;
- attitudes toward having children;
- current emotional or health problems; and,
- general family background and age, gender, education, etc.

Possible Negative Reactions: You will be asked some questions about how you were parented and your relationship with your parents. For some people, this may be unpleasant or upsetting. We want you to know that you will be treated with sensitivity and respect throughout the session. If at any point during the session answering the questions becomes difficult, you can take a break or stop participating. If there is a particular question that do not feel comfortable answering, you may omit it. You have complete control over your participation.

Anonymity and Confidentiality: At the beginning of the session you will be asked to sign a consent form indicating that you have been informed about the nature of the study, that all your questions have been answered, and that you agree to participate in the study. These consent forms will be collected and you will be given an envelope with a set of 8 questionnaires inside. Please do not put your name or any identifying information anywhere on the envelope or on the questionnaires. You will notice a number in the upper right-hand corner of each of your questionnaires. This number will allow us to connect your answers on one questionnaire with your answers on another questionnaire. However, these questionnaires and the numbers on them can not be connected to your consent form or your name. We will never know who completed each set of questionnaires. Therefore, you and your responses remain anonymous.

Time Commitment: The study will require approximately 1 ½ to 2 hours of your time.

Withdrawal: As your participation is completely voluntary, you may withdraw from this study at any time.

Research Results: If you would like more information about this study or would like a summary of the study's results, you may write, phone, fax, or e-mail us at the following:

Alice Lucas — Tel: 492-5141

Dr. Berna J. Skrypnek
Assistant Professor
Department of Human Ecology
3-51 Assiniboia Hall
University of Alberta
Edmonton, Alberta
T6G 2E7

Tel: 492-0192
Fax: 492-6345
E-mail: berna.skrypnek@ualberta.ca

Appendix J

RESOURCE LIST

Catholic Social Services provides personal counseling at sliding scale fee. Call 424-3545 for further information.

The Family Centre provides personal counseling at sliding scale fee and also provides workshops for survivors of abuse to aid in coping with the aftermath. Call 423-2831 for further information.

Student Help provides on campus, one on one peer counseling to students attending the University of Alberta. They are located in the basement of the Students Union Building. Call 492- HELP or 492-4357 for more information.

Clinical Services – Educational Psychology provides personal counseling at sliding scale fee. Located on campus in 1-135 Education North call 492- 3746 for more information.

Distress Line a 24-hour, call-in support network which also provides referrals to other community resources through the Support Network. The Support Network's number is 482- 4636. The Distress Line's number is 482- 4357.

Appendix K

CONSENT TO PARTICIPATE

in the study

Childhood Experiences and Attitudes and Beliefs About Parenting

I acknowledge that the nature of this study has been described to me and that any questions that I have asked were answered to my satisfaction. I have been provided with an information sheet on the study which I may keep. I have read it. I understand that I am being asked to participate in a two-hour session which involves answering seven questionnaires. I understand that the questionnaires will be completed at the University of Alberta. I have been assured that my responses on th questionnaires will be anonymous and kept completely confidential.

I know that should I have any more questions at any time about this study, I may contact one of the researchers whose name appears on the information sheet.

_____ _____

Signature of Participant Signature of Investigator

_____

Date